

INTELL. LIBRARY

Annual Report

ON THE

HEALTH

OF THE

Urban District

OF

Swinton and Pendlebury,

FOR THE

Year ending Dec. 31st, 1925,

BY THE

Medical Officer of Health,

DR. H. C. MULHOLLAND.

THE "REPORTER" PRINTING WORKS, PENDLETON.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30152914>

Annual Report

ON THE

HEALTH

OF THE

Urban District

OF

Swinton and Pendlebury,

FOR THE

Year ending Dec. 31st, 1925,

BY THE

Medical Officer of Health,

DR. H. C. MULHOLLAND.



= INDEX. =

	PAGE
Acts, Bye-Laws, Regulations in force	16, 68
Ambulance	13
Ante-Natal Scheme	51
Aural Clinic	54
Bakehouses	30
Barbers' Shops	31
Baths, Public	22
Births	7
Cancer	44
Chicken Pox	36
Child Welfare	50
Child Welfare International Congress.. .. .	59
Cleansing Department	19, 22
Clinics—Treatment	14, 50, 52
Common Lodging House	25
Dairies, Cowsheds and Milkshops	25, 27
Deaths	7
Dental Clinic	53
Diphtheria	33
Diphtheria Antitoxin	34
Disinfection	45
Drainage	17
Dysentery and Trench Fever	37
Encephalitis	36, 37
Enteric Fever	37
Factory and Workshops	72
Fly Contamination.. .. .	29
Food	25
Food Distribution	50
Food and Drugs Act	30
Gynaecologist's Report.. .. .	51
Health and Baby Week.. .. .	..
Health Visitors' Work	50, 57, 59
Home Helps	52
Hospitals—Infants, Maternity, Children, Smallpox, Fever, General	11, 12, 13, 52, 53
Housing	63, 71
Infant Mortality	55, 56, 57
Infectious Diseases	32
Infectious Disease, Non-Notifiable	43
Laboratory Work	27
Malaria	37
Maternity	50
Measles	55
Meat Stalls and Shops.. .. .	29
Meteorology	60
Midwives	13
Milk	27
Mortuary	31
Nursing arrangements	13
Obstructive Dwellings	65

INDEX—Continued.

	PAGE
Offensive Trades	25
Ophthalmia	55
Ophthalmic Clinic	54
Orthopaedics	54
Outworkers	73
Overcrowding	63
Pathological Exam	44, 45
Pneumonia	43
Poor Law Relief	15, 16
Population	11
Public Health Meat Regulations	25, 28
Puerperal Fever	37, 55
Refuse Disposal—Cleansing Dept.	20, 22
Rivers	17
Sanitary Accommodation	20, 49
Sanitary Administration	18
Scarlet Fever	32
Scavenging	19
Slaughter Houses	29
Small pox	36
Smoke Observations	31
Social Conditions	10, 11
Staff	4
Statistics	7, 8, 9, 10
Tents, Vans, and Sheds	25, 68
Tuberculosis	48
Tuberculosis County Dispensary	45
Underground Sleeping Rooms	25
Unhealthy Areas	67
Unsound Food	28
Veterinary Inspection	29
Voluntary Help	59
Ward Statistics	9
Whooping Cough	43
Tables :—	
Bacteriological Exam.	44
Conversions, Cost of	21
Deaths	10
Diphtheria and Scarlet Fever	35
Disinfection	24
Homework	73
Housing in Scarlet Fever and Diphtheria	34
Housing	62, 69
Infant Mortality	9, 58
Infectious Disease	24, 46
Meteorological Observations	70
Mortality Analysis	8
Refuse Disposal	23
Registrar General's	75
Sanitary Accommodation	49
Sanitary Inspector's Report	24A
Tuberculosis	34, 47
Workshops, etc.	72, 73
Workshops, Defects	73

Staff of the Public Health Department.

Medical Officer of Health :

*H. C. MULHOLLAND, M.B., D.P.H.

Also School Medical Officer and Certifying Factory Surgeon.

Sanitary Inspectors :

*A. BLEAKLEY (Senior), Fellow of the Sanitary Inspectors' Association and Member of the Institute of Cleansing Superintendents.

P. E. BERRY (Chief Assistant), Inspectors' Certificate, R.S.I. ; also Certificate in Meat Inspection, Building Construction, Etc.

L. A. MARSHALL, Certificate, Royal Sanitary Institute.

A. S. KERSHAW, Certificate, Royal Sanitary Institute.

G. E. TAYLOR, Certificate, Royal Sanitary Institute ; also Certificate in Meat Inspection.

**Health Visitors :*

MISS E. ALLEN AND MISS K. H. DAVIES.

Both are in possession of the Certificate of the C.M.B. and are State Registered Nurses.

Clerical Staff :

*J. E. FLOWERS (also performs School and Maternity duties).

Miss D. HOLLINSHEAD (Shorthand Typist) ; (also performs School and Maternity duties).

* Salary contributions made by the Exchequer.

See also Annual Report of the School Medical Officer. The staff engaged upon Orthopædic, Dental and Aural work is also engaged upon similar work on children up to age 5. Dental work is performed for nursing and expectant mothers.

*To the Chairman and Members of the Public Health Committee,
Swinton and Pendlebury.*

MR. CHAIRMAN AND GENTLEMEN,

I beg to submit the report for the year 1925, on the health of the Urban District of Swinton and Pendlebury.

The Ministry of Health has directed that the report for the year 1925 should be a "Survey" report. This report is therefore more full and detailed than any similar report since 1920.

The outstanding features of the year have been the reduction in the Infant Mortality and in the Death Rate, and the low incidence of infectious diseases including Tuberculosis. There was an increase in the number of Encephalitis Lethargica cases notified during the year, but the majority of these cases were cases which arose in previous years. There was also a small epidemic of Typhoid Fever, confined to one house in the district. These matters are dealt with in the body of the report.

Amongst the sanitary improvements of note are the rapid disappearance of privies in the district and the substitution of ashbins for ashpits; the provision of hospital accommodation for Puerperal Fever, and the appointment of a veterinary surgeon, who commenced duty in 1924.

The Materinty and Child Welfare Committee has increased the scope of its work, extended its premises, and now provides treatment and consultations for orthopædic, dental and aural cases.

Reference should be made to the report of the School Medical Officer, which is really a detailed health report on children of school age.

There is, I think, a gradual improvement in the milk supply in the district, and milk of grade A standard only is now supplied to the Maternity and Child Welfare Centres, and to the Open Air School. It is hoped that the Public will realise in time that a higher standard of cleanliness in milk and food generally is not only desirable but possible of attainment. The help of the general public was never more urgently required than it is to-day, when adverse influences in the environment are being remedied or kept under control, and when public health is becoming more a question of personal health than anything else.

It is a noteworthy fact that those diseases amendable to action by the Council have diminished, whilst those diseases such as Colds, Pneumonia, Measles, Whooping Cough and Influenza, which are not so amendable and are more personal matters, have become the most serious from which we suffer.

There is a greater and a growing interest in health questions amongst the public, and this provides the hope of the future. Increased efforts are necessary on the part of the Council and its officers to propagate a knowledge of healthy living, so that the public may learn to help themselves more. It is fitting here to call attention to the valuable articles on health questions which appear regularly in the local and other press, and to acknowledge the efforts of those who contributed, more especially during Health Week to the efforts of the Public Health Department. Health and Baby Week has been celebrated regularly in this district since 1923. In 1925, in addition to the Health Exhibition, there was a display of cinematograph health films open to the public, but attended mostly by school children. These films were exhibited free by the courtesy of the management of the Picture Theatres, and were explained by Miss Tipper of the Lancashire County Council, who has also given her services on various occasions throughout the year.

A striking series of sketches on health questions was prepared by school children and issued by the Health and Baby Week Committee to each child in the schools. Some copies of this booklet are still in the Public Health Office, and may be had on application.

I have pleasure in acknowledging the ready help of the Clerk and other officers of the Council throughout the year, and in expressing my appreciation of the help of the Ladies' Committee during Health Week and at the Clinics. I have further to acknowledge my indebtedness to the doctors in the district for their co-operation and help, to Dr. Butterworth, County Medical Officer, to Professor Topley, and those whose reports appear in the following pages; also to the Sanitary Inspectors, nursing and clerical staff for their assistance in the work and the preparation of this report.

In conclusion, I wish to thank the Council for their support and consideration throughout the year.

I have the honour to be,

Your obedient Servant,

Council Offices,

H. C. MULHOLLAND.

Swinton, Manchester.

P.S.—Your attention is particularly directed to the Vital Statistics on page 32,7 which shew the remarkable reduction in Birth-rate, Death-rate, Tuberculosis Death-rate, and Infant Mortality since 1895, and the improvement manifested in 1925, when these rates are the lowest recorded for this district.—
H.C.M.

VITAL STATISTICS.

	Total.	Male.	Female.
Births in 1925	494	250	244
Deaths in 1925	345	173	172

PER 1000 OF POPULATION.

				Birth-rate.	Death-rate.	Death rate from Tuberculosis of Respiratory System.	Rate of Deaths under 1 year per 1000 Births.
Mean of 5 years—							
1895–1899				31·0	18·4	0·84	193
1900–1904				31·3	19·1	0·69	186
1905–1909				27·8	15·4	1·02	143
1910–1914				24·1	14·2	1·06	140
1915–1919				18·5	14·7	1·15	118
1920–1924				18·8	11·9	0·76	95
Year—							
1924				15·8	12·4	0·73	121
1925				14·7	10·3	0·44	72
Decrease in 1925 on—							
Mean of 5 years : 1920–							
1924				4·1	1·6	0·32	23
Previous year				1·1	2·1	0·29	49

BIRTHS.

The number of births in 1925 was 494, giving a Birth rate of 14·7, which is 1·1 per 1000 population less than in 1924.

The Birth rate for England and Wales for 1925 was 18·3 per 1000.

The continued and marked decline in the Birth rate is a point to note when considering other vital statistics. In 1905, in a population of 28,500 there were 846 births. In 1925, in a population of 33,400 there were 494 births, and the decline in the number of births continues.

DEATHS.

The total number of deaths was 345, and the death rate (10·3) is the lowest on record for the district (see table above). The chief causes of death were chest diseases 71 (Pneumonia, Bronchitis, etc.), Diseases of the heart and bloodvessels 74, and cancer 37. Tuberculosis caused 22 deaths, and Influenza 11. It is noted that Tuberculosis continues to decline as a cause of death, whilst other chest diseases do not.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on population estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	BIRTH-RATE PER 1000 TOTAL POPULATION.	ANNUAL DEATH-RATE PER 1000 POPULATION.										RATE PER 1000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS:		
		All Causes	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under Two Years).	Total Deaths Under One Year	Causes of Death certified by Medical Practitioners.	Inquest Cases.	Uncertified Causes of Death.	
England and Wales ..	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0	
105 County Boroughs & Great Towns, including London	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6	
157 smaller towns (1921 adjusted populations 20,000-50,000	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1	
London	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91.1	8.9	0.0	

INFANT MORTALITY.

An infant mortality rate of 72 may be considered good at present in this district. Owing to the decreasing and small number of births, the infant mortality rate is liable to fluctuate to a marked extent. The general tendency of the rate over a series of years should be studied. See also page 57.

WARD STATISTICS, 1925.

	Inhabited Houses on Dec. 31st, 1925.	Estimated Population.	No. of Deaths.	No. of Births.	No. of Deaths per 1000 Chil- dren born under 1 year.	Infectious Dis- ease rate per 1000 population	Tuberculosis rate per 1000 Population. Pulmonary.
Victoria Park Ward	1491	6858	58	106	56.6	15.4	1.1
Old Park Ward ..	1346	6191	54	67	89.5	13.5	0.8
Moorside Ward	1017	4678	44	46	43.4	15.8	0.8
Newtown Ward ..	1223	5625	64	83	48.1	14.7	0.1
Market Ward ..	1075	4945	68	90	111.1	27.5	2.0
East Ward ..	1037	4770	59	73	123.2	20.1	0.4
Swinton and Pendlebury	7189	33067	347	465	79.5	17.4	0.9

DEATHS, 1925.

Population 1925.	Age Distribution.	No. of Deaths.	Death Rate.
2776	0-4	54	19.4
3218	5-9	10	3.1
3618	10-14	4	1.1
3361	15-19	9	2.7
2799	20-24	8	2.8
2668	25-29	9	3.3
4897	30-39	19	3.8
4439	40-49	28	6.3
2946	50-59	55	18.6
1620	60-69	59	36.4
573	70-79	71	123.9
80	80-95	21	161.5

SOCIAL CONDITIONS.

The population is almost entirely industrial. The principal occupations (1921 Census) were :—

	Male.	Female.	Total.
1. Textile Workers	877	3071	3948
2. Mining and Quarrying . .	3710	14	3724
3. Commercial, Finance, In- surance, etc., excluding clerks	719	308	1027
4. Clerks, Draughtsmen . . .	582	417	999
5. Metal Workers	933	22	955
6. Railway Workers	709	44	753
7. Personal Service	132	619	751
8. Professional	153	246	399
9. Wood and Furniture . . .	360	14	374
10. Warehousemen	232	79	311
11. Building	281	4	285
12. Electrical Apparatus . .	177	39	216

See page 47 of M.O.H. Report, 1923.

Total population aged 12 or over,			
occupied 	10,134	5112	15,246
Total unoccupied or retired, aged			
12 or over 	1082	7713	8795

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area, Census 1921—2284 acres.

Population, Census 1921—30,916 (14,664 males, 16,252 females).

Population estimated for 1925—33,400.

Physical Features and General Character of the Area.

The Urban District of Swinton and Pendlebury lies W.N.W. of Manchester, from which it is separated by the County Borough of Salford. Tramway service owned by the Salford Corporation, connects both Swinton and Pendlebury with Salford and Manchester, and there are stations on the London, Midland and Scottish Railway, both at Swinton and Pendlebury.

The area comprises 2,284 acres. Twenty-five acres are laid out as public parks and recreation grounds.

The district is subject to colliery subsidence, which has an important influence on both the existing housing and on proposed housing sites.

The highest and lowest parts of the district are 286 and 99 feet respectively above sea level. The geological formation of the district is coal measures overlaid by drift, chiefly glacial sand and gravel, and river valley gravel. The superficial layers in the western part of the district are chiefly of clay and in the central and eastern parts dry sand.

The Urban District is divided into six wards. The following institutions are within the district boundaries :—Poor Law Schools of the Manchester Guardians, the Royal Manchester Children's Hospital, Manchester Education Committee's Cripple Schools.

Number of inhabited houses (1921)—6,666.

Number of families or separate occupiers (1921)—6,866.

Rateable value—£156,226.

Sum represented by 1d. rate—£574.

HOSPITALS.

(1) Tuberculosis.

Administered by the County Council. All are outside the district except Pendlebury Children's Hospital.

(2) **Maternity.**

No Maternity Hospitals exist in the district. The Manchester and District Maternity Hospitals are available, and cases of puerperal fever from the district are accepted at Monsall Fever Hospital, by arrangement with the Manchester Public Health Committee.

(3) **Children's Hospitals.**

(a) One cot is maintained in the Manchester Babies' Hospital by the Local Authority at a cost of £156 per annum.

See M. and C.W. section, page 53.

(b) Royal Manchester Children's Hospital, Pendlebury.

Situated in the district. The Swinton and Pendlebury Council has agreements in force for the treatment of tonsils and adenoid cases, and orthopædic cases.

(4) **Fever Hospitals.**

None exists in the district. Fever cases are treated at Ladywell Sanatorium at a cost of £4 4s. per week.

(5) **Smallpox.**

A joint Hospital is maintained by Swinton and Pendlebury U.D.C. and Worsley U.D.C. at Linnyslaw Moss, Worsley, with accommodation for 20 patients and room for extension.

(6) **Other Hospital Provision available.**

The Manchester, Salford and district hospitals are available for cases from this area. The following subscriptions to hospitals have been given during the year by the Council:—

				Patients treated		Cost to Hospital.
				In	Out.	£
(a)	Royal Infirmary, Manchester	£	s. d.	32	58	279
		31	10 0	215	538	1723
(b)	Salford Royal Hospital	75	0 0	39	29	285
(c)	St. Mary's Hospital ..	15	15 0	19	311	126
(d)	Royal Eye Hospital ..	15	15 0			
(e)	Royal Manchester Children's Hospital	37	10 0	103	293	521

Other hospitals in which patients from the area have been treated:—

(a) Manchester and Salford Hospital for Skin Diseases—125 out-patients and 6 indoor patients, costing £139.

(b) Northern Hospital—1 in-patient, 6 out-patients, costing £15.

(c) Others from which a return has not been received:—

(7) Union Infirmary.

- (a) Salford Union —73 patients.
- (b) Barton Union—71 patients.

(8) Ambulance Facilities.

- (a) Infectious diseases.—(1) By arrangement with Salford C.B. for cases removed to Ladywell Sanatorium at a cost of £1 11s. 6d. per case, and bedding removed (motor ambulance).
- (b) Disinfecting Van for removal of bedding to the disinfecting station, maintained by the Local Authority (horse van).
- (c) Small Pox ambulance maintained by the authorities Swinton and Pendlebury, and Worsley (horse vehicle).
- (d) Non-Infectious cases and Accident cases.—An arrangement is at present in force for the use of Salford C.B. ambulance.

SUMMARY OF NURSING ARRANGEMENTS, &c., IN THE DISTRICT.

(a) Professional Nursing in the Home.

- (1) General (a) Clifton and Pendlebury District Nursing Association—Two nurses.
- (b) Swinton District Nursing Association—Two nurses.

These associations are not subsidised by the Local Authority.

- (2) Infectious Diseases.—Private nurses are available.
- (3) Tuberculosis.—One nurse maintained by the County Authority for certain duties connected with its scheme, has worked in close co-operation with the Public Health Staff.

(b) Doctors practising in the District.

There are 9 resident in the district, exclusive of those residing in neighbouring districts who practice in this area.

(c) Midwives.

None are employed or subsidised by the Local Authority.

Number on register in the district	..	..	12
Number actually practising	..	..	12

CLINICS AND TREATMENT CENTRES,

CLINIC.	SITUATION.	BY WHOM PROVIDED.	ACCOMMODATION.
1. Maternity and Child Welfare	Council Offices, Swinton	U.D.C.	Extended in 1925
2. Ante-Natal Clinic	Wednesday, Thursday and Friday, 2-5 p.m. Alternate Tuesdays, 3-5 p.m.	U.D.C.	Adequate
3. School Clinics	Daily, 9-10-30 a.m.	U.D.C.	Extended in 1925
4. Ophthalmic Clinic	Alternate Wednesdays,	U.D.C.	Adequate.
5. Ear Clinic	10-12 p.m.	U.D.C.	
6. Orthopædic Clinic	Tuesday and Friday, 2-5 p.m.		Limited
7. Tuberculosis Dispensary	121½ Station Road, Pendlebury.	Co. Council	New Premises
8. Venereal Diseases	Manchester and Salford, etc., Hospitals.	Co. Council	Adequate
9. Dental Clinic	Council Offices, Swinton.	U.D.C.	Adequate

POOR LAW RELIEF IN PENDLEBURY TOWNSHIP, 1925.

(Particulars kindly supplied by the Clerk to the Guardians).

Total amount of Outdoor Relief :—	£	s.	d.
Ordinary	1905	13	0
Emergency (able-bodied)	669	7	0
	<hr/>		
	£2575	0	0
	<hr/>		

	EMERGENCY RELIEF.			ORDINARY OUTDOOR RELIEF.		
	M.	W.	C.	M.	W.	C.
January, 1925	75	46	55	19	24	58
February, „	84	56	57	21	28	59
March, „	81	39	58	32	37	71
April, „	66	32	51	33	44	93
May, „	54	27	41	26	34	66
June, „	69	46	60	25	34	66
July, „	57	30	40	22	33	72
August „	64	37	52	23	32	68
September „	77	45	53	26	35	74
October, „	96	60	76	24	35	71
November, „	91	48	66	22	32	63
December, „	91	43	65	22	30	61
	<hr/>			<hr/>		
	905	509	674	295	398	822
	<hr/>			<hr/>		

Total number of cases admitted into the Poor Law Institution during the year 2

Total number of cases admitted into the Salford Union Infirmary during the year 73

TOWNSHIP OF SWINTON.

(Particulars kindly supplied by the Clerk to the Guardians).

Number of persons in receipt of Out-door Relief in each month :—

	Men.	Women.	Children.
January	46	97	145
February.	60	102	165
March	62	111	169
April	52	107	146
May	58	121	158
June	70	136	214
July	62	120	169
August	59	115	155
September	71	126	176
October	64	123	162
November	61	114	157
December	63	117	159

Number of persons admitted to the Institution during the
year 107

Number of persons admitted to the Infirmary during the
year 71

Total amount of Out Relief paid during the year—£3,979
16s. 1d.

Acts, Bye-laws, etc.

The following Adoptive Acts relating to Public Health are in
force in the district :—

Infectious Disease Prevention Act, 1890.

Public Health Act Amendment Act, 1890.

Public Health Act Amendment Act, 1907.

Bye-laws are in force for the following :—

Construction of new streets and sewerage thereof, 1869.

Regulation of Hackney Carriages, 1869.

Cleansing of Footways and the Prevention of Nuisance, 1869.

Regulation of Slaughter Houses and of Lodging Houses, 1869.

Paving of yards and Open Spaces in connection with houses,
1897.

Prevention of the keeping of animals on any premises so as to
be injurious to health, 1885.

New streets and buildings, 1894 (see also page 68).

Regulations in force :—

Dairies, Cowsheds and Milkshops, 1900.

Sanitary circumstances of the area.

The water supply of the district is obtained from the Manchester Corporation supply. The supply is a constant one, and every house in the district is supplied directly from the main; there is no household storage. The water supply is wholesome and adequate.

Rivers and Streams.

The river Irwell forms one of the boundaries of the district. Into the Irwell discharges the overflow from three cesspools in connection with 42 houses in Langley-road.

Drainage and Sewerage.

Drainage and sewerage are on the combined system throughout. All the sewer outfalls are either at the Swinton or Pendlebury sewage disposal works with the exception of the sewer at Langley-road, which receives the overflow of three cesspools and discharges into the River Irwell.

The nature of the treatment at the sewage works is by screening, detritus tanks, chemical precipitation in tanks. Filtration through percolating filters with humus tanks for the final effluent.

I am indebted to the Surveyor for the following information:—

“ In consequence of the flooding of cellars to property during heavy rainfall, a scheme for the reconstruction of the sewers along Swinton Hall Road, Pendlebury Road, Chorley Road, Worsley Road to the Sewage Works, was presented to the L.G.B. in 1914, but owing to the war the scheme was deferred and temporary relief was obtained by disconnecting the cellars most seriously affected from the sewers.

The scheme was further considered at a later date and in September, 1920, the Council obtained sanction to borrow the sum of £27,310 for the carrying out of the work.

A portion of the area where flooding occurred was more severely affected, owing to the levels of the sewers being altered by mining subsidence, and notwithstanding that the cost of labour and materials was very excessive at the time it was necessary to proceed with such portion of the work as would minimise the nuisance. It was therefore arranged to reconstruct the length of sewer along Swinton Hall Road, Pendlebury Road, and Chorley Road, to the junction of Lightbourne Green, and this work was completed at the end of 1922.

The work of reconstruction was again commenced in 1925 at the outfall works and is proceeding, the intention being to complete the whole of the scheme for which sanction was obtained.

The completion of the main outfall sewer on the Sewage Works has afforded relief to the main sewers which deliver the sewage from other portions of the district."

Schools.

The health of school children and the Hygiene of Schools are fully dealt with in the report of the S.M.O. for 1925, q.v. pages 11 to 25.

SANITARY ADMINISTRATION.

The work performed by the Sanitary Inspectors may be gathered from the statistical tables, page 24A. Mr. Bleakley has, as formerly, exercised supervisory duties over the Sanitary Department, including the Cleansing Dept. One Inspector has given most of his time to the work of privy conversion. This has entailed interviews with owners, the preparation of specifications and supervision of the work of the conversions. In most cases the new w.c.'s have been erected against the house walls, partly owing to economy of upkeep, and partly in consideration for the comfort of the tenants. The help given by this Inspector to owners of property is equivalent to a subsidy for the conversion, and the fact that no legal proceedings had to be taken during the year affords proof that this help has been both effective and appreciated.

The remainder of his time has been directed to slaughter houses and other sanitary duties. The Committee will remember the increased duties connected with slaughter houses consequent upon the Public Health Meat Regulations coming into force. It is desirable that animals should be inspected before, during and after slaughter, and in a district where there are 16 licensed slaughter houses in which killing takes place at irregular hours, this is practically an impossibility. However, under the circumstances, and thanks partly to the high standard of slaughter house management in the district, the control exercised by the Inspector may be considered satisfactory.

One Inspector has given all his time to Housing. If any explanation as to the need for this is desired, reference should be made to the paragraphs on Housing in this report; the unhealthy areas, the unfit houses beyond repair, the large number of houses requiring repair, and the conditions of overcrowding existing in the district. Housing inspection work is onerous. It requires skill and knowledge of housing, and of legal formalities. Much time is taken up by clerical work which is unavoidable. Specifications have to be drawn up, the work has to be supervised during progress, and many owners of property will only attempt repairs when as a last resort, statutory action is taken against them.

An attempt is being made to search for defective property in a systematic manner by house to house inspection throughout the district, and to cover the district in a period of 5 years. On page 69 will be seen the progress made in the past 5 years. It also shews the need for such inspections. It is found that at the end of 5 years, houses which had been repaired are again in need of inspection, as many have again become unfit. It is necessary to make inspections of property to see that it is not being badly dealt with after repair, and in addition to the routine district inspections there are special inspections of houses or streets in cases of urgency or upon request of owners, tenants, Health Visitors, Sanitary Inspectors and others.

Two Inspectors give their time to the general sanitary work of the district. Mention may be made of the increased emphasis being laid on food production and distribution (including milk), on the administration of the Factory and other Health Acts, infectious diseases, smoke observations, the testing of milk samples by the Gerber apparatus, the sanitary inspection of schools, petrol storage and the investigation of complaints (see pages 25 to 30).

I am of opinion that amongst the more important functions of every member of the Sanitary staff should be included the education of the public to help themselves. This aspect is fully appreciated by the staff; witness the special effort during "Health Week," and "Health Week" is carried to every home that an Inspector enters, day by day. The value of time spent on personal talk on questions of hygiene must not be forgotten in assessing the work of a Sanitary Inspector.

Scavenging.

The removal of house refuse until 1923 was carried out by horses and carts. In May of that year two Ford refuse vans were added, a third in 1924 and a Vulcan in 1925. The motor vans are an improvement on the old type of refuse cart and being covered, no dust is blown about. For the longer distances they are economical. In addition to the motor wagons, a horse-drawn vehicle is occasionally used.

THE ASHBINS (6871) are emptied weekly, THE ASHPITS (162) on an average every 6 weeks. Other refuse, *e.g.*, from schools, churchyards, cemeteries, hospitals and certain works, is removed as often as necessary.

Refuse from green-grocers' shops and fish shops is removed twice weekly, a charge being made for this service, amounting to about £40 a year.

CESSPOOLS (5) are emptied as required.

Disposal of Refuse.

Until the middle of 1925, the refuse was disposed of at the tip in Pendlebury and at the Destructor in about equal proportions. A fire occurred at the tip in this year and for a time all the refuse was sent to the destructor, and about three-fourths is still being consumed there. The fire at the tip was a source of considerable nuisance to the residents around, and measures were taken to stop it from burning. Refuse heaps in an urban district, cannot but create a nuisance and it is satisfactory to note that a salvage plant is to be erected to deal with all the refuse.

Privy ashpit refuse is disposed of at farms. No nuisance is created thereby.

Sanitary Conveniences.

Since 1921, 1330 privies have been converted to w.c.'s, and moveable ashbins supplied to these houses. An additional 246 dry ashpits have been replaced by ashbins.

At the end of 1925 there were in the district :—

6948	water closets.
166	waste water closets.
64	privies.
80	pail closets (70 at works).
6871	ashbins.
38	privy ashpits.
124	dry ashpits.

Some of the remaining 64 privies are in process of conversion. The pail closets are mostly in works. The removal of the ashpits is being proceeded with.

The progress made in the substitution of ashpits by ashbins may be seen by the following table :—

1921—67	..	1922—256	..	1923—500
1924—400	..	1925—350	..	

Sanitary accommodation.

PRIVY CONVERSIONS SINCE 1909 :—

1909	.....	327	1915.....	184	1921.....	67
1910	.....	349	1916.....	Nil	1922.....	256
1911	.....	322	1917.....	Nil	1923.....	500
1912	.....	313	1918.....	Nil	1924.....	400
1913	.....	362	1919.....	Nil	1925.....	104
1914	.....	300	1920.....	42		
Privies remaining—64.						

Comment is unnecessary. The figures speak for themselves and reflect (especially when compared with the Enteric Fever rate) much credit on the Council.

It is hoped to remove many of the remaining 64 privies during 1926. Many of them are awaiting sewer accommodation.

In addition to the 64 privies still remaining, there are in the district 166 waste water closets, and 80 pail closets. 70 of the latter are in connection with works and should be abolished or converted.

The following table shews the work done during 1925, and shews also that the work of substitution of ashpits by ashbins is progressing satisfactorily. Almost all ashpits are insanitary and defective. Their removal and substitution by ashbins is a health necessity. There remain 162 ashpits in the district.

Conversion of Privies into Water Closets during the Year 1925.

Total number of privies substituted by Water-closets	..	104
Total number of ashpits substituted by Ashbins	.. ..	104
Total number of dry ashpits substituted by Ashbins	..	246
Houses provided with separate w.c. accommodation	..	3
Total cost of works carried out—		

W.C.'s £1693 1 0

Ashbins £317 14 0

————— £2010 15 0

Number of conversions carried out and paid for by the owner direct 28

Number of Conversions carried out on Inspector's specification and paid for direct by the owner 53

Number of Conversions carried out on Inspector's specification and paid for by the Council 23

Number of W.C.'s provided after Statutory notices 62

Number of W.C.'s provided after verbal notices 42

Number of Ashbins provided in lieu of dry ashpits after Statutory notice 94

Number of Ashbins provided in lieu of dry ashpits after verbal notice 152

The following table indicates the cost of conversion of privies carried out in each Ward :—

Ward.	No. of Water Closets.	work done by the Owner.			No. of Water Closets.	work done by Owner on Inspector's specification.			No. of Water Closets.	work done by Council at request of Owner.		
		£	s.	d.		£	s.	d.		£	s.	d.
East	3	35	0	0	—	—	—	—	—	—	—	—
Market ..	2	31	12	0	—	—	—	—	—	—	—	—
Newtown ..	3	15	10	0	25	483	0	0	23	536	5	0
Victoria Pk.	2	12	2	0	26	367	16	0	—	—	—	—
Moorside ..	14	157	12	0	—	—	—	—	—	—	—	—
Old Park ..	4	36	14	0	2	17	10	0	—	—	—	—
Totals ..	28	288	10	0	53	868	6	0	23	536	5	0

SUBSTITUTING ASHBINS FOR DRY ASHPITS.

Ward.	Mo. of Bins.	Work done by the Owner	No. of Bins.	Work done by Owner on Inspector's specification.	No. of Bins.	Work done by Council at request of Owner.
		£ s. d.		£ s. d.		£ s. d.
East	22	17 12 0	—		—	
Market ..	23	13 16 0	—		—	
Newtown ..	44	82 11 0	34	67 17 0	13	40 0 0
Victoria Pk.	83	79 14 0	—		—	
Moorside ..	1	0 12 0	—		—	
Old Park ..	26	15 12 0	—		—	
Totals ..	199	209 17 0	34	67 17 0	13	40 0 0

Disposal of Refuse.

The statistical summary by the Sanitary Inspector for the 12 months on the accompanying sheet gives some of the details respecting the removal of house refuse. The cost, in addition to actual collection and haulage, includes wages paid for holidays, for work done in repairing the roads to the Destructor, the repeated clearing of Slack brook water course, and the ordinary attention to Pendlebury tip.

In addition, about £90 have been expended in dealing with the fires and the still smouldering refuse at the tip.

The tipping of 2,570 loads which were not weighed, prevents any comparison of cost per ton of refuse removed. As will be noted there is an increase in the cost per week from May onwards. This is attributed to the two increases granted in men's wages (Bonus and Zone A), the variation in the convenient places for tipping refuse, the increase in the number of houses built, and the difficulty in dealing with the refuse at the destructor for a time before using Pendlebury tip again.

The cost per load includes the 3 Ford tonners, the Vulcan and cart loads.

Public Baths.

Number of bathers during 1924 :—

(a) Plunge Bath	41,756
(b) Slipper Baths	9,444
Total	51,200

This number includes 12,554 school children admitted free. (Figures kindly supplied by the Baths Manager).

Month	No of Wks	No. of Ashbins emptied	Loads of Refuse from Ashbins	A'v- age per W'k	No. of Ash- pits emptd	Loads of Refuse from Ashpits.		Cart Loads.	Loads tipped at distributor.	Loads tipped at Pend-lebury	Cost. Manual and Team Labour and Motors		Average per Week.		Cost per Load.
						Dry	Pri- vy Motor Loads				£ s. d.	£ s. d.	£ s. d.	£ s. d.	
Jan	5	29,800	747	149	106	21	10	635	218	475	339	5	67	17	2 7 11½
Feb.	4	25,620	578	144	240	60	39	523	228	435	279	18	69	19	8 7 5½
Mar.	5	32,140	842	168	217	43	11	713	268	236	348	12	69	14	6 7 0¼
Apr.	4	25,720	569	142	129	32	23	442	216	390	274	5	68	11	6 8 4
May	4	25,760	618	154	200	50	24	532	268	435	291	0	72	15	0 7 3¼
June	5	30,880	742	148	190	38	25	601	266	557	381	0	76	4	0 8 9½
July	4	25,850	581	145	231	56	26	511	200	521	297	6	74	6	6 8 4½
Aug.	5	28,750	683	136	119	24	25	581	188	560	363	9	72	13	9½ 9 5½
Sept.	4	26,000	588	147	268	67	23	571	143	682	292	6	73	1	7 8 2¼
Oct.	4	26,050	594	123	210	52	17	627	69	675	289	0	72	5	0 8 3½
Nov.	5	32,750	719	144	159	32	18	732	77	773	352	8	70	9	8 8 8¼
Dec.	4	26,220	623	155	141	35	9	613	82	584	295	10	73	17	8 8 5¼
1925	53	335,540	7884	146	2210	42	250	7081	2223	6323	3804	3	71	16	4 8 2¼
1924	51	299,695	6651	130	3928	77	509	5925	3013	5382	3509	6	68	13	5 7 10½

SUMMARY OF WORK DONE BY THE SANITARY STAFF.

Sanitary Inspectors' Report for the Year 1925.

INFECTIOUS DISEASES.

	Primary Inspect.	Re- inspect	No. of cases removed to Hospital.	Notices sent to -		
				Schools	S.A. Officer	Parents
Scarlet Fever	66	128	34	64	98	53
Enteric Fever	7	25	6	—	1	1
Encephalitis Lethargica	6	15	2	—	—	—
Pulmonary Tubercle ..	28	74	—	—	—	—
Diphtheria	18	42	9	12	21	10
Erysipelas	4	3	1	—	—	—
Puerperal Fever	1	1	—	—	—	—
Acute Prim. Pneumonia	7	—	—	—	—	—
Other Diseases	3	4	—	—	—	—
Totals	140	292	52	76	120	64

DISINFECTION.

	Rooms Disinfected	Rooms Sprayed.	No. of Articles steam disinfected
Scarlet Fever	47	52	90
Diphtheria	11	12	9
Erysipelas	—	1	—
Enteric Fever	—	37	26
Pulmonary Tubercle ..	10	48	131
Other Diseases	1	65	141
Totals	69	215	397

Number of School Rooms sprayed—447.

SANITATION. WORK PERFORMED BY THE SANITARY INSPECTORS.

NUISANCES, &C.	No. of Premises Inspected.	No. of Premises on which Sanitary Defects were found.	No. of Re-inspections	No. of Notices Served.						No. of Nuisances Abated after Notice.			
				Verbal		Informal		Statutory		Verbal.	In-formal.	Statu-tory.	Total Nuisan-ces Abated
				Owner.	Occupier.	Owner.	Occupier.	Owner.	Occupier.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Additional inside W.C. provided	—	—	1	—	—	—	—	—	—	1	—	—	1
Houses provided with separate W.C. accommodation	1	—	5	—	—	—	—	—	—	3	—	—	3
Inspection of Waste Water Closets.....	2	—	1	—	—	—	—	—	—	—	—	—	—
Conversions.....	42	—	739	—	—	—	—	—	—	42	—	62	104
Ashbins substituted for Ashpits.....	—	—	104	—	—	—	—	—	—	42	—	62	104
Ashbins substituted for Dry Ashpits	—	—	246	—	—	—	—	—	—	152	—	94	246
Drain Inspections.....	33	—	43	—	—	—	—	—	—	—	—	—	—
Sewer inspections.....	5	—	13	—	—	—	—	—	—	3	—	—	3
Soil Pipes fixed.....	—	—	1	—	—	—	—	—	—	1	—	—	1
Pipe Protectors lowered	—	—	22	—	—	—	—	—	—	1	—	21	22
Pipe Protectors fixed	—	—	1	—	—	—	—	—	—	1	—	—	1
Blocked Gullies	437	353	554	311	1	69	—	1	—	241	71	—	312
" W.C.'s.....	90	88	60	72	—	12	—	—	—	75	7	—	82
" Sewers	34	25	38	14	—	—	—	—	—	33	3	—	36
Defective Roofs	182	164	485	50	—	136	—	3	—	24	196	3	223
" Gutters	190	162	528	23	1	142	—	2	—	8	154	2	164
" Spouting	65	58	174	16	—	54	—	—	—	10	51	—	61
" Floors.....	10	8	41	1	—	6	—	—	—	—	10	—	10
" Sashcords	22	17	62	5	—	14	—	—	—	4	57	—	61
" Ashbins	314	277	666	33	—	249	—	42	—	15	151	23	189
" Privies and Ashpits	461	33	146	51	—	9	—	108	—	—	—	—	—
" W.C. Fittings	62	50	132	9	—	43	—	—	—	4	49	—	58
" Water Supply Pipes	167	154	259	32	—	149	—	—	—	14	120	—	134
" Sink Waste Pipes ..	14	14	16	2	—	9	—	—	—	5	5	1	11
" Surface of Yards ..	18	17	41	11	—	7	—	—	—	5	13	6	24
" Structural Condition	291	243	967	65	—	214	—	1	1	23	281	1	305
Dirty Walls and Ceilings...	45	14	209	10	—	7	—	—	—	7	53	—	60
Redrainage.....	6	—	11	—	—	—	—	—	—	—	—	—	—
Water Tests to New Drains ..	30	—	12	—	—	—	—	—	—	—	—	—	—
Drains re-laid.....	1	—	21	—	—	—	—	—	—	1	1	18	20
Overcrowding	42	11	57	1	18	—	1	—	—	4	4	—	8
Testing and Tracing Existing Drains	52	—	13	—	—	—	—	—	—	—	—	—	—
House to House Inspections ..	—	—	71	—	—	—	—	—	—	1	123	—	124
Filthy and Verminous Bedding and Houses	14	6	21	—	9	—	—	—	—	1	—	—	1
Slaughter-houses.....	1749	—	109	—	—	—	—	—	—	—	—	—	—
Smoke Observations.....	388	—	—	—	—	—	—	—	—	—	—	—	—
Bakehouses	97	5	31	4	4	—	—	—	—	7	—	—	7
Common Lodging Houses	10	—	5	1	—	—	—	—	—	—	—	—	—
Stables and where Animals and Poultry are kept.....	11	9	38	1	11	—	1	—	—	3	—	—	3
Manure Receptacles	58	44	193	40	72	1	—	—	—	14	—	—	14
Accumulation of Refuse.....	29	27	39	2	31	—	3	—	—	10	1	—	11
Miscellaneous	500	33	305	24	9	2	—	—	—	4	1	—	5
Complaints Investigated.....	121	26	34	17	3	7	4	—	—	1	—	—	1
Offensive Trades	4	—	5	1	—	—	—	—	—	—	—	—	—
Factory and Workshops	55	3	14	1	2	—	—	—	—	1	1	—	2
Inspection of Schools	209	—	3	—	—	—	—	—	—	—	—	—	—
Meat and Food Inspections...	618	—	13	—	—	—	—	—	—	—	—	—	—
Dairies, Cowsheds and Milk-shops	120	5	39	2	4	—	—	—	—	7	—	—	7
Food and Drugs	493	1	78	—	—	—	—	—	—	—	—	—	—
Petrol Storage	41	—	7	—	—	—	—	—	—	—	—	—	—
New Gully Tops fixed.....	5	5	21	3	—	4	—	—	—	—	3	—	3
Van Dwellings	35	5	22	3	14	—	—	—	—	6	—	—	6
New Ventilating Shaft fixed ..	—	—	1	—	—	—	—	—	—	—	—	1	1
Downspouts intercepted.....	—	—	11	—	—	—	—	—	—	1	—	10	11
New Gullies fixed	—	—	11	—	—	—	—	—	—	—	—	11	11
Totals.....	7231	1857	6739	805	179	1134	9	157	1	774	1232	315	2321

Premises and occupations which can be controlled by Bye-laws or Regulations :—

1.—Common Lodging House.

There is one in the district with accommodation for 27 men, mostly regular lodgers. No nuisance has occurred during the year, and no case of infectious disease was notified from it.

2.—Dairies, Cowsheds and Milkshops.

See page 27.

3.—Offensive Trades.

No Byelaws are in force for the control of offensive trades in the district. There are two premises where gut scraping is carried on. These are under frequent supervision, and no difficulty has been experienced in their control. In each case the business is a small one and no nuisance has arisen during the year.

4.—Houses let in lodgings.

No Byelaws exist for the control of houses let in lodgings. Where overcrowding existed, the circumstances have been reported to the Public Health Committee (see page 63 for summary).

5.—Tents, Vans and Sheds.

From time to time the district is visited by itinerant traders with caravans. Such caravans often contain children, and coming as they sometimes do, from a district infected by Small Pox, they are a source of grave anxiety to the Sanitary Staff, and require frequent supervision (see page 68).

Control is exercised through the Public Health and Housing Acts only. No Byelaws exist for their control.

6.—Public Health Meat Regulations.

See page 28.

7.—Underground sleeping rooms.

There are none in the district.

Food Supply.

MILK.

A gradual improvement is noted in the character of the milk supply in the district. There is not yet the demand for clean milk and the absence of demand is not due at present to the cost thereof. It has been proved time and again in this district that a clean milk can be produced without adding to the cost of the milk. It was proved when the Education Committee laid down the following scale of cleanliness in 1925 :—

Not more than 200,000 bacteria per cc.

No Coliform bacilli in 1/10 cc.

No Tubercle Bacilli.

It was proved again when the Maternity and Child Welfare Committee demanded the same standard for milk supplied through the clinics in 1925.

Generally speaking the milk vendors in the district are striving to produce cleaner milk but the general standard is as yet far too low.

Some milk is being sold in the district in bottles. This is no guarantee that the milk so sold is better than any other milk unless it is sold under a special designation.

The public can help to secure clean milk—

- (1) by asking for it.
- (2) by having their supply bottled at the farm.
- (3) by seeing that the milk is only bought from farms where care is taken in its production and distribution.
- (4) by keeping it clean, cool and covered in their own homes, after delivery, etc.

The Council is endeavouring to secure at farms, conditions favourable to the production of clean milk. Milk is analysed and a Veterinary Surgeon has been appointed to inspect the cattle four times a year. A standard of cleanliness has been set and applies to the milk supply controlled by the Council. It remains now for the public to back the Council up.

The practice of dipping dirty sleeves of coats into milk cans when delivering milk should not be tolerated by purchasers—I have often been told that the reason white coats are not worn is because they shew dirt. The lesson is obvious. At the same time milk jugs should not be put on door steps to collect dirt or dust. The keeping quality of milk is a rough test to its cleanliness. Clean milk will keep for 48 hours even in summer. Dirty milk will sour in less than 24.

No fault has been found with the richness in cream of the milk supplied to the district during the year. It will be remembered that the Council instituted in 1924 a Gerber milk testing scheme whereby the Sanitary Inspector can conduct the analysis. In 1925, 72 tests were done giving an average fat content of 4.67%, as compared with 3.7% in 1924. This increase is due to the inclusion of four samples of Jersey milk.

Twelve samples were sent to the Laboratory for Tubercle tests and two were positive. The affected animals were traced and destroyed. Testing for Tubercle is now done chiefly on the findings of the Veterinary Inspector, whose quarterly examination of the cattle is helping largely to eliminate Tuberculosis in cattle from the district. Summary of work done by the Veterinary Inspector is given on page. 30.

In addition to fat testing the milk samples are now tested for dirt by filtration, and the findings communicated to the vendors.

Dairies, Cowsheds and Milkshops.

Total number of Cowkeepers	..	..	..	..	17
Number of Cowkeepers on register	..	..	..	..	14
Total number of Dairymen other than Cowkeepers	..	..	..	..	56

MILK SAMPLES—BACTERIOLOGICAL EXAMINATIONS, 1925.

1925.		BACTERIOLOGICAL CONTENT.			
Apr. 24.—	Sample	No. 23	25,200 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
„ 24.—	„	24	29,825 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
„ 24.—	„	25	40,000 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
May 7.—	„	42	530 per 1 cc.	B Coli not present	
„ 14.—	„	64	698,667 per 1 cc.	0.1 cc. in each of three tubes	
„ 28.—	„	65	5,303 per 1 cc.	0.1 cc. do.	
„ 29.—	„	66	6,300 per 1 cc.	B Coli not present	
Aug. 6.—	„	67	11,300 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
„ 6.—	„	68	12,100 per 1 cc.	0.1	do.
				0.01	do.
„ 6.—	„	69	16,050 per 1 cc.	0.1 cc. in each of two tubes	
				0.01	in none of three tubes
„ 6.—	„	70	63,000 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
„ 7.—	„	71	11,200 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
„ 7.—	„	72	15,800 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
„ 7.—	„	73	286,750 per 1 cc.	0.1 cc. do.	
				0.01	do.
„ 7.—	„	74	1090,000 per 1 cc.	0.1 cc. do.	
				0.01	do.
May 14.—	„	75	7,840 per 1 cc.	0.1 cc. do.	
				0.01	do.
„ 14.—	„	76	96,000 per 1 cc.	0.1 cc. do.	
				0.01	do.
Aug. 13.—	„	77	106,000 per 1 cc.	0.1 cc. do.	
				0.01	do.
„ 14.—	„	78	21,350 per 1 cc.	0.1 cc. do.	
				0.01	do.
Sept. 17.—	„	86	100 per 1 cc.	0.1 cc. in none of three tubes	
				0.01	do.
„ 17.—	„	87	6,700 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
„ 18.—	„	88	17,900 per 1 cc.	0.1	do.
				0.01	do.
„ 17.—	„	89	20,900 per 1 cc.	0.1 cc. do.	
				0.01	do.
„ 17.—	„	90	57,000 per 1 cc.	0.1 cc. in none of three tubes	
				0.01	do.
„ 18.—	„	91	2070,000 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
„ 21.—	„	92	6,147 per 1 cc.	0.1 cc. in each of three tubes	
				0.01	do.
„ 21.—	„	93	105,500 per 1 cc.	0.1 cc. do.	
				0.01	do.
„ 21.—	„	94	15,850 per 1 cc.	0.1 cc. do.	
				0.01 in two of three tubes	
Nov. 6.—	„	112	35,533 per 1 cc.	0.1 cc. in one of three tubes	
				0.01 in none of three tubes	
„ 20.—	„	113	19,850 per 1 cc.	0.1 cc. in each of three tubes	
				0.0	in one of three tubes

Special Designation Order.

The first licence was issued by the Council under this Order in 1925 for Pasteurised milk. The vendor already held the chief licence of the City of Manchester. A supplementary licence was issued for the sale of Pasteurised milk prepared by the "Holder" process. Bacteriological analysis—100 organisms per cc. and no B. Coli.

Refusal of Licence.

An application to retail milk was refused by the Council on account of unsuitable premises.

Slaughter Houses.

Public Slaughter Houses—None.

Private Slaughter Houses :—

				1920.	Jan., 1925.	Dec., 1925.
Registered	..	..	..	None	None	None
Licensed	..	..	..	18	17	16

Food Condemned in 1925.

1. For Tuberculosis—2013 lbs.

(Three whole carcasses and affected parts of 15 other carcasses).

2. DISEASED, UNSOUND OR UNWHOLESOME :

(a) Meat—192 lbs. 14 cases.

(b) Fruit—42 lbs.

Action taken for contravention of the P.H. Meat Regulations, 1924, for exposing meat on an open stall resulted in a fine of £5 or one month's imprisonment.

No cases of food poisoning were brought to my notice. One suspicious case connected with butter was investigated without result.

M E A T.

Public Health (Meat) Regulations, 1924.

One application for a licence to use certain premises as a slaughter house was refused by the Council in 1925, on the grounds of unsuitability of premises.

The above regulations came into operation on April 1st, 1925. On April 20th, at a meeting of the butchers, attended by 25 members, the purpose and scope of the regulations were explained by the Clerk, and an agreement was reached wherein the butchers were to endeavour to carry out the demands of the regulations and to report any difficulties at a later date.

Copies of the regulations were sent or delivered to butchers, stallholders, shops, and the necessary formalities complied with.

Slaughter Houses.

Notice of hours of slaughtering have been given in all instances when the slaughter houses have been in use. The inspection of carcasses has necessitated an Inspector being on duty as a rule four nights each week, sometimes as late as 10 p.m. All beasts and pigs killed have been examined within 3 hours of slaughter.

One slaughter house previously licensed contravened the regulations, and was discontinued in 1925, another one being built. This butcher only does a small trade, *e.g.*, about two pigs a week.

Generally speaking the standard of the slaughter houses in the district is high. It will be remembered that in 1922, at the request of the Council, the structural conditions of the slaughter houses were greatly improved, and regulations for their proper conduct, which were approved by the Council, were voluntarily adopted by the butchers. These regulations are little different from the Public Health (Meat) Regulations (now compulsory) in those matters dealt with.

Stalls.

The stalls in the district have conformed to the regulations. In one instance during the year, legal action had to be taken to secure compliance ; a fine of £5 was inflicted.

Shops (Meat and Bacon).

The general sanitary arrangements are satisfactory. As a rule the windows of butchers' shops are kept closed, but a few are kept open at certain times. No handling of meat occurs in the district, and meat is not hung outside shops.

Fly Contamination.

No general procedure is adopted to avoid fly contamination. Muslin, paper and other coverings are occasionally used. A strong current of air, and attention to the windows are usually effective.

I am of opinion that all shops selling meat, bacon and prepared food of any kind, should have their windows closed, and provide adequate ventilation by other methods. It is unfortunate that prepared foods do not come under the scope of the regulations. It is also unfortunate that there is no definite procedure for avoiding fly contamination. Cold storage is an essential to every meat business, but is not often found.

There are no public slaughter houses in the district, but much use is made of the City Abbatoirs.

Veterinary Inspection.

With the intention of improving the milk supply, and to help in the eradication of Tuberculosis from dairy cattle, the Council

appointed a Veterinary Inspector in 1924 to make routine examinations of the dairy cows in the district.

In June, 1924—154 cattle were examined and one cow was found with suspicious swellings in the udder. Samples of milk proved them to be due to Tuberculosis, and the cow, on slaughter, was found to be affected with generalised Tuberculosis.

In Oct., 1924—150 cattle were examined.

In Jan., 1925—157 cows were examined and one case of Tuberculosis discovered.

In Apr., 1925—150 cows were examined.

In July, 1925—149 cows were examined.

The cattle were found generally healthy and free from clinical evidence of udder disease.

Bakehouses.

There are 46 bakehouses in the district. Most are small and four are underground. The latter have received licenses.

Defects which have been noted have been remedied.

The underground bakehouses are in Station Road, Bolton Road, Pendlebury Road and Worsley Road.

FOOD AND DRUGS ACT.

I am indebted to Superintendent Yates, of the Lancashire Constabulary, for the following report :—

Samples taken in the Swinton and Pendlebury Urban District during the year ended 31st December, 1925 :—

Milk	27	Pepper	4
Butter	5	Arrowroot	2
Lard	5	Baking Powder	2
Margarine	4	Lemon Cheese	3
Ground Rice	1	Jam	5
Mixed Spice	2	Potted Meat	1
Coffee	5	Cocoa	2
Epsom Salts	1	Cornflour	1
Gregory Powder	1	Fish Paste	3
Magnesia	2	Jelly	1
Ginger	2	Cheese	4
Beer	6	Castor Oil	1

Total samples taken 90

No proceedings have been taken in connection with any of the above samples.

(Signed) JAS. YATES,
Superintendent.

Smoke Observations.

388 observations were taken during the year. Observations are taken systematically of all the chimneys, and special attention is given to those which are known to be offenders, and of which complaints have been received. A time-limit of three minutes black smoke emission per half hour is granted.

Four prosecutions were made dealing with 13 offences. A fine of 10/- was made in 7 instances, and the other 6 were dismissed on payment of costs.

Mortuary.

From time to time during the years 1924 and 1925, complaints have been voiced in the district against the mortuary provided by the Council, off Carrington Street, Pendlebury.

In June, 1924, a report by the M.O.H. was presented to the Council on the site, structure, and administrative arrangements of the mortuary. The following remarks were made :—

“ Little exception could be taken to the position of the mortuary. It is unobtrusive and isolated. Structurally, the building is in conformity with modern hygienic requirements with the exception of the lighting, which both natural and artificial is somewhat defective. There are no heating arrangements, nor is it desirable that a room used only as a mortuary should have any. The tables, the lavatory bowl, floors, walls, roof and ventilators are suitably constructed and satisfactory. The drainage is adequate and satisfactory, and efficient traps exist both inside and outside the building.”

The complaints made would appear to be based on the *erroneous assumption that the mortuary was also a post mortem room*. In this connection the wording of Sec. 143, P.H.A., 1875, should be noted :—

“ Any local authority may provide a proper place (*otherwise than at a workhouse or at a mortuary*) for the reception of dead bodies during the time required to conduct any post mortem examination, etc.”

Barbers' Shops.

The sanitary state of these shops was reported upon to the Council in February, 1925. The Council felt that a uniform and desirable standard of hygiene was not generally attained in the district, and in consequence caused to be issued to each proprietor, a schedule of advice on the conduct of such shops. I am not aware of any marked improvement in the conditions obtained.

INFECTIOUS DISEASE.

In the Years 1921-1925.

There has been no undue prevalence of the notifiable infectious diseases during this period. Pneumonia occupies first place in importance both on account of the number of cases, which is fairly steady year by year, and also because of its fatality. Scarlet Fever has been both mild in type and less in numbers than any previously recorded five years. Diphtheria is steadily decreasing and less than half the cases occurred in 1925 than in 1920 or 1921. Typhoid Fever is no longer an endemic disease. A small localised epidemic occurred in 1925, but only occasional cases as a rule arise in the district, probably from carriers. Encephalitis Lethargica assumed its maximum incidence in 1924. The Tuberculosis death rate was 0.32 below the average for the preceding five years. There has been no case of Small Pox and none of Malaria or Dysentery.

On the other hand non-notifiable infectious disease, *e.g.*, Influenza, Measles, Whooping Cough, etc., have occurred in severe epidemics. It would seem that the infectious diseases subject to the sanitary control of the Council have been kept well in hand, whilst those infectious diseases over which the Council has little control have spread widely, and the inference is that until the public itself chooses to prevent such spread, the public, particularly the more vulnerable, *e.g.*, the children will continue to become victims.

Infectious Diseases, 1925.

The more common notifiable diseases have not been markedly prevalent during the year 1925 with the exception of Chicken Pox, which owes its importance chiefly to the fact that in many instances it can only be distinguished from Small Pox by one properly qualified by experience and knowledge of both diseases.

A statistical summary of the Infectious Diseases which occurred in 1925 is given on pages 24 and 46.

Scarlet Fever.

The disease was epidemic in the year 1920, when 252 cases, or 8.1 per 1000, of the population occurred. The disease was of a mild type and only one case was fatal. There had been a much heavier rate of incidence of this disease in 1919 (10.5 per 1000 population or 373 cases), and it will be of interest to note that the year 1919 was recorded as the most serious year for Scarlet Fever for 17 years. The history of Scarlet Fever for the last 30 years has been one of decreasing prevalence. In 1895 the attack rate was 19.5. Thereafter for a period of seven years there was relative immunity. Then came the outbreak of 1902, which, however,

did not affect the community in the proportion of the 1895 epidemic. Again came a period of diminished frequency and again a year standing out as one of maximum incidence in a period of years of relative immunity and so on until 1919 and 1920.

Since these latter years the incidence has again fallen : 1919, 373 cases ; 1920, 252 cases ; 1921, 112 cases ; 1922, 90 cases ; 1923, 127 cases ; 1924, 70 cases ; 1925, 72 cases.

Not only has the number of cases diminished but the severity of the disease has lessened. No deaths occurred in 1925, and so mild has been many of the cases that it is not uncommon to find children in the schools in the convalescent stage of the disease who have never known they have been ill. The latter fact, of course, keeps alive the disease from year to year, and increases the difficulties of control.

The " Dick tests " for Scarlet Fever have not yet been utilised in this district.

The five years 1920-1925 have then been years of comparative freedom from Scarlet Fever. We may assume that in one or two years we shall have another period of epidemic prevalence, but we cannot assume that the mild type of the disease now prevalent will continue. Scarlet Fever can be a most serious, fatal, and crippling disease, and the public must protect itself by keeping a careful watch for mild or so called " missed " cases, and obtaining a doctor's advice on all doubtful rashes or peeling skins of children.

Diphtheria.

This disease has not been epidemic in the district during the last 5 years.

			Cases.		Deaths.
1920	..	..	48	....	5
1921	..	..	52	....	5
1922	..	..	24	....	3
1923	..	..	25	....	Nil
1924	..	..	21	....	4
1925	..	..	19	....	1

The disease is most serious on account of its large mortality. It is truly a dangerous infectious disease. Fortunately, it is well under control, and the number of cases is tending to diminish. Last year I wrote :—

" All cases of sore throats, especially in children, should be seen by a doctor at the earliest possible moment."

This message to the public is the more important because one day of delay in the case of Diphtheria may mean the death of the patient.

Most of the cases of Diphtheria are contracted from other people (perhaps not ill) who are carrying the germ. Most have enlarged tonsils, or unhealthy throats to begin with, and the small number of cases which occur in this district may be partly due to the care taken by the Education Committee of diseases of the Ear, Nose and Throat in children.

No use has yet been made of the " Schick test " in this district. Diphtheria Antitoxin is available from the Public Health Office, and 176,000 units have been distributed during 1925 to general practitioners in the district. Since 1924 this antitoxin is only issued in two strengths.

- (1) 500 units for prophylaxis.
- (2) 8,000 units for treatment.

HOUSING IN SCARLET FEVER AND DIPHTHERIA CASES.

	SCARLET FEVER.			DIPHTHERIA.		
	Under 15.	Over 15.		Under 15.	Over 15.	
Less than 1 person per room	23	2	..	8	2	..
1 to 2 persons per room	37	4	..	4	1	..
3 or more persons per room	—	—	..	—	—	..
Totals	60	6	..	12	3	..

Number of cases notified from Institutions in the District :—
Children's Hospital : Scarlet Fever 1. Diphtheria 5.
Industrial Schools : Scarlet Fever 2.

NOTIFICATION OF TUBERCULOSIS, 1925.

PRIMARY NOTIFICATIONS.

No. of Cases at Various Ages.																											
All ages.	Under 1 year.		1.		2.		3.		4.		5-10.		10-15.		15-20.		20-35.		35-45.		45-65.		Over 65.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Pulmonary	19	11	-	-	-	-	-	-	-	-	1	-	2	1	3	2	4	6	4	1	5	1	-	-			
Non-Pulmonary	18	6	-	-	-	2	-	1	-	-	3	2	4	2	4	2	4	-	-	-	-	-	-	-			
Totals	37	17	-	-	-	2	-	1	-	-	4	2	6	3	7	4	8	6	4	1	5	1	-	-			

DIPHTHERIA AND SCARLET FEVER—STATISTICS.

No. of Inmates.	HOME TREATED CASES.				HOSPITAL TREATED CASES.			
	SCARLET FEVER.		DIPHTHERIA		SCARLET FEVER.		DIPHTHERIA.	
	Under 15.	Over 15.	Under 15.	Over 15.	Under 15.	Over 15.	Under 15.	Over 15.
2	—	1	—	—	—	—	—	—
3	8	—	1	1	1	—	—	—
4	12	—	3	—	2	—	2	—
5	7	1	3	—	5	1	1	—
6	3	1	—	—	7	—	—	2
7	1	—	—	—	7	—	—	—
8	1	1	—	—	3	1	—	—
9	—	—	—	—	—	—	1	—
10	—	—	—	—	3	—	—	—
11 & over	—	—	—	—	—	—	1	—
Totals	32	4	7	1	28	2	5	2

Number of cases removed from Children's Hospital:—
Diphtheria 1.

Small Pox and Chicken Pox.

The last case of Small Pox which occurred in this district was in 1916. The patient died.

Since this date the district has been threatened regularly by contacts coming from infected districts, and owing to the alarming increase in the disease throughout England, the Council decided to make Chicken Pox a notifiable disease in the district in 1922.

The disease has been notifiable each year since then, and a large number of Chicken Pox cases have been notified. Some of these have given cause for anxiety for a time, but no case of Small Pox has so far arisen.

The population is ripe for an epidemic, and the disease is still spreading throughout the country. When it comes it will be a heavy expense to the ratepayers, owing to the large number of the unvaccinated. There are two ways of conquering it.

1. The ideal. Universal vaccination every 7 years of the total population.
2. The next best is that every member of the public bears constantly in mind the risk run especially when on holidays, and that all skin rashes at any time are sent immediately to a doctor.

Immediate notification of any case and every doubtful case of Small Pox to the Medical Officer of Health is an absolute necessity if a costly epidemic is to be prevented, and such notification should be by telephone to save time.

I have to thank the doctors in the district for the opportunity to see many doubtful cases during the year. A list of infected districts is sent to them each week

No vaccinations have been done by the M.O.H. during the last 5 years.

Encephalitis Lethargica.

The first cases of this disease to be notified in this district occurred in 1920, when two cases occurred. Since this year the following cases have been notified or otherwise come to the notice of the M.O.H.

- | | | |
|------|-------|---|
| 1922 | .. .. | 1 case, male, aged 46. |
| 1923 | .. .. | 1 case (fatal), male, aged 44. |
| 1924 | .. .. | 4 cases (children), aged 8-15). |
| 1925 | .. .. | 10 cases (2 fatal), and 1 discovered post mortem. |

The ten cases notified in 1925 were not all cases which arose in that year. Four had arisen in 1924, and had been missed ; one had been suffering from anomalous symptoms for several years, which eventually turned out to be Encephalitis. There was, in addition to the ten cases, one other case in 1925, only discovered at post mortem. The maximum severity appears to have fallen on the year 1924.

Eleven of the 19 were school children (8-14 years), and the next most severe age group affected was 40-50.

There have been four deaths.

There are eight cases in which the degree of incapacity left behind totally unfits for school or work. There are 5 cases more or less completely recovered.

Two cases cannot be traced.

Reference should be made to the S.M.O. report for 1925, page 22, for an account of the disease as affecting school children.

There was no special incidence in any particular ward and no connection has been found between the cases.

Acute cases of this disease are treated when necessary in hospital, but the chronic or mild cases, particularly in children, constitute a much more serious problem.

Institutional accommodation for these is totally inadequate and unsatisfactory. As far as we can see at present, these cases do not yield to treatment, and the majority remain at home, a burden and an anxiety to their parents and friends. Now and then when the case is too difficult to manage at home, institutional accommodation is secured, but it is usually only temporary accommodation.

Malaria.

No case of Malaria having its origin in the district has been notified in the period under review (1921-1925). Two cases were notified in 1924; five in 1922; and two in 1921 (ex soldiers).

Dysentery & Trench Fever.

No cases were notified between 1921-1925.

Puerperal Fever.

1925	..	..	..	..	1 case.
1924	..	..	..	..	2 cases.
1923	..	..	..	..	None.
1922	..	..	..	..	1 case.
1921	..	..	..	..	2 cases.

The Council made arrangements in 1925 for the hospital treatment of these cases at Monsall Fever Hospital. This was very necessary owing to the dangerous nature of the disease.

Enteric (Typhoid) Fever Group.

The history of Typhoid Fever in the district is the history of the sanitary progress which the Council has achieved. In the year 1898 so severe did epidemics become that almost 6 out of every 1,000 people in the district contracted it (at the same rate 192 cases would have arisen in 1925).

Dr. Theodore Thompson enquired into the origin of the 1898 epidemic, and as a result the Council instituted private improvement work in street paving and privy conversion. The effect of this work which continues to-day is the diminution and practical disappearance of Typhoid Fever.

From 1894–1903 the attack rate was 2·29 per 1,000 population.

„ 1904–1913 „ „ „ „ 0·87 „ „ „

„ 1914–1923 „ „ „ „ 0·24 „ „ „

From time to time small outbreaks still occur and one is recorded in 1925 and dealt with later. Reference should be made here to the table of privy conversions, page 20, and comparisons made with the fall in the rate for Typhoid Fever.

Typhoid Fever is to-day most liable to be spread by the public themselves. A person may suffer from the disease and not know it. A person may carry the germ and pass it unknowingly to others who are insufficiently clean in their habits.

As Typhoid Fever has, owing to the action of the Council in converting privies, altered its methods of attack, so have the methods of defence altered to deal with it, *e.g.* :—

1. All the cases which have arisen in the district for the past five years have been examined for the presence of the germ.
2. Known carriers in the district are kept under continual observation and treatment when necessary. One urinary carrier has been a constant source of anxiety to the staff for 3 years.
3. In 1924, the doctors in the district ceased to submit specimens for Widal test and agreed to submit instead samples for B. Typhosus, B. Para Typhosus, A. B. and C., B. aertrycke (“Mutton”), B. Enteritides. This greatly enhances the value of the test and its importance is evidenced in the special report on Typhoid Fever which follows, and which also gives the procedure for detecting and preventing Enteric Fever.

The following number of cases occurred in—

1921 7

1922 1

1923 4

1924 2 (both imported).

1925 7 (six in one house, discovered at one time).

The words of Dr. Stewart Stalker on Typhoid Fever, written in 1913, are of interest :—

“The malady may be said to be endemic in Swinton and Pendlebury. . . . There obviously must be a reason or reasons for this, and in a community with such a substantial relic of the conservancy system of excremental disposal as this district has, one potent cause of endemicity is immediately forthcoming.”

The disease cannot be considered endemic now, and the Council is to be congratulated on the result.

SUMMARY OF REPORT ON TYPHOID FEVER OUTBREAK IN 1925, REPORTED TO THE COUNCIL IN SEPTEMBER, 1925.

On the 19/11/25 I received a telephone message of a case of Typhoid Fever. I investigated the circumstances connected with the case, and met the doctor in consultation at the house.

Extent of the Outbreak.

Six cases have occurred in the same house. Particulars are given later in this report.

Circumstances.

On the 19th inst. three cases were in bed receiving medical attention, one of whom was definitely Typhoid Fever, as ascertained by a blood examination. This case was removed forthwith to hospital, and blood tests were taken from the other two cases, and also from three other inmates of the household. A boy from the same house was followed to school and found to be suffering from headache and occasional diarrhœa. He was sent home and a blood test taken from him. The results of the blood tests shewed four cases to be suffering from Typhoid Fever—one recovering from an attack and one who *had* recovered and gone back to work. In all there were 5 actual cases of Typhoid Fever in the house. These 5 cases were taken to hospital. The sixth person had resumed work.

Order of onset of illness in the household.

There had been no sickness in the household before case 1.

CASE 1. A man aged 48, was ill about 8 weeks ago. He was seized with faintness, collapsed at work and was sent home. He consulted his own doctor. He then had diarrhœa and sickness. He was in bed 3 weeks, and resumed work one week ago. Examined at work on 21/11/25; he appeared quite well and stated that he was well. A blood examination shewed, however, the presence of a recent infection with *B. Typhosus*. His stools were positive and he was removed from work to hospital.

CASE 2. A male aged 38, was the next case of illness in the house, on approx. 19/10/25, about 3–4 weeks after case 1. He suffered from headache and Bronchitis but had no gastric

or abdominal symptoms. He ultimately developed diarrhœa and fever, and was the first definitely ascertained case of Typhoid in the house, on 19/11/25. He was removed to hospital on this date.

CASE 3. A girl aged 15. This child was ill about the same time as case 2 with headache and cough, which was suspected to be Influenza. Seen on the 19/11/25 she was pale and debilitated, and evidently still ailing, although she was going about her work in the house. The blood shewed the presence of a Typhoid infection and she was removed to hospital on 21/11/25.

CASE 4. A child aged 6 became ill about 10/11/25, 3 weeks after cases 2 and 3. He had diarrhœa and sickness and was ill in bed on 19/11/25. A blood test 21/11/25 shewed Typhoid Fever, and he was removed to hospital on 21/11/25.

CASE 5. A woman aged 66, became ill about the same time as case 4 with headache and fever. She was ill in bed on 19/11/25. A blood test shewed Typhoid Fever on 21/11/25, and she was removed to hospital.

CASE 6. A boy aged 13. This boy was in school on the 19/11/25, where he was examined by the M.O.H. and sent home. His temperature was $99\cdot8^{\circ}$, and he had a headache. A blood test was taken on 19/11/25, which was reported as positive for Typhoid on 21/11/25, on which day the boy was ill with diarrhœa and sickness, etc. He was removed to hospital 21/11/25.

Housing and Sanitary Circumstances.

There were 3 families in the house, comprising 9 people, occupying 3 bedrooms and 2 living rooms. Previous to any illness in the house, the inmates lived as follows :—

BEDROOM No. 1. (2 not affected).

Case No. 4.

BEDROOM No. 2. Case No. 1.

Case No. 2.

BEDROOM No. 3. Case No. 5, aged 66.

Case No. 3, aged 15.

(1 not affected).

Case No. 6, aged 13.

Disposal at time of examination 1911/1925.

BEDROOM No. 1. Case No. 5.

Case No. 3 (convalescing).

BEDROOM No. 2. Case No. 1.

Case No. 6.

BEDROOM No. 3. (2 not affected).

DOWNSTAIRS FRONT ROOM. Case No. 2.

Case No. 4.

(1 not affected).

Hygiene.

The house was generally dirty. There was no gross defect of sanitation otherwise. The yard is flagged and the sanitary convenience is a W.C. The drains are in order. No provision exists for food storage. The water supply is Manchester Corporation. The bedding in No. 2 room was soiled with excrement and very dirty.

Origin of Outbreak.

The first case was a "missed" case of Typhoid Fever, who ran the course of the disease without being detected, and resumed work apparently in good health. He was discovered to have been a recent case of Enteric by the history of Gastritis. His blood shewed a recent Typhoid infection.

This man was very dirty in his habits. His clothing was stained and fouled with excrement. He was stated to be a "dirty feeder," never washing before eating, and soiling the pedestal of the W.C. woodwork, etc., each time he used it. Once this case arose it is easy to see how the other cases got infected from him, or from each other.

The next case to arise occupied the same bed as No. 1. It has been noted that the bedding was very soiled. This case and also case No. 3, infection was about 3 weeks subsequent to the first illness. She did the housework and would therefore be in contact with the infected bedding.

The cases appear to have arisen in groups separated by 2-3 weeks. Once 3 got infected (and she went through her illness undetected until 19/11/25, when the other cases centred suspicion on her, as they did on 1) she would be likely to infect others, as she did the house work and attended to the children, thus probably infecting No. 4, aged 6, and No. 5. The chances of the remaining child No. 6 escaping, were now small, and he was definitely ill on 21/11/25 with Typhoid.

Where did No. 1 get his infection?

The milk supply was examined and was negative. The milk vendors have given negative blood tests. The disease was confined to one house. The water supply is Manchester Corporation. The drains and other sanitary arrangements are in good order. There is no noticeable fly plague. None of the inmates have been away from home, except case No. 5, who was away in Yorkshire some two months ago, and who was amongst the last to get ill.

None of the inmates take food out of their house, except case No. 1, who takes lunch with him to work. Cooking is not done by any of the cases. Raw fruit and vegetables and shell fish, etc., are never eaten by the families. Ice cream and similar possible sources of infection have been excluded.

Other cases in the district.

There has been only one case notified recently in this district (aged 6). This child had been ill with Broncho Pneumonia for three weeks previous to her being notified as a case of Typhoid Fever. Diarrhœa had been present in the second week of her illness. She was notified on 10/9/25, and removed to hospital the same day. The usual disinfection and investigations were made. The source of origin was not ascertained. No further cases arose in the house, but the first case of the present series appears to have got ill from one or two weeks later, so that whatever infection may have spread from this child, must have done so before the child was diagnosed as Typhoid.

Possibilities of Origin.

It is possible, and in my opinion probable, that the infection came ultimately from the aforementioned case, although no connection has been traced. The possibility of transference by flies has to be remembered.

Action taken.

1. Previous cases in the district have been tested as carriers with negative results.
2. All cases removed to hospital.
3. Thorough disinfection of clothing and of the premises was done.
4. Blood tests were taken from all the patients and suspected people.
5. The three remaining members of the household were kept under observation, and contacts at work examined.
6. The milk supply was analysed and the milk vendor's blood tested with negative results. The history does not point to a milk-borne cause. The milk is produced in Worsley Urban District Council area, and as a precautionary measure the Medical Officer of Health of that district was notified of the circumstances.
7. The attention of all the doctors in the district has been drawn to the occurrence of the epidemic.
8. Householders in the immediate locality were warned.

Conclusion.

It is obvious that the danger of "missed" cases of Typhoid Fever is always with us, and that it is a very serious one. In this instance one missed case has infected 5 others, one of whom would again have been missed but for the more serious illness of others directing attention to her. To prevent missed cases therefore, it is imperative to submit every case of unknown continued fever and every suspicious case of Gastro Intestinal infection to a blood test, which will discover not only Typhoid, but allied infections and the food poisoning infections as well.

NOTE.—The cost to the district of this small epidemic was £173.

There were no deaths.

Pneumonia.

Cases notified :—

1921	..	..	..	..	135
1922	..	..	..	..	169
1923	..	..	..	..	104
1924	..	..	..	..	132
1925	..	..	..	..	129

The disease (with the exception of Chicken Pox) is the most prevalent of the notifiable diseases in the district.

Non-Notifiable Acute Infectious Disease.

The district is regularly visited by epidemics of Measles, Whooping Cough and Influenza, the first two affecting chiefly the infant and school populations and the last affecting the general population.

In 1925 occurred epidemics of all three, but of less severity than in 1924, when a special nurse was appointed by the Council for 3 months, to visit and nurse Measles and Whooping Cough. See report of M.O.H. for 1924, page 39.

A severe epidemic of Influenza visited the district in 1921, and is reported on in the M.O.H. report for that year, page 29.

The school teachers are the chief sources of information regarding these diseases in school children, but obviously the returns are far from complete. All known cases are visited by a member of the staff, and anything which can be done is done.

Influenza was the cause of 11 deaths in 1925 ; 10 in 1924 ; 9 in 1923 ; 9 in 1922, and 8 in 1921.

Whooping Cough was the cause of 2 deaths in 1925 ; 9 in 1924 ; 12 in 1923 ; 1 in 1922 ; 1 in 1921.

Measles was the cause of 2 deaths in 1925 ; 9 in 1924 ; 2 in 1923 ; 6 in 1922 ; 1 in 1921.

The County Medical Officer of Health procured from the Ministry of Health a film on influenza, which the cinema proprietors in the district very kindly shewed at epidemic periods, during their evening performance.

Cancer.

The number of deaths from Cancer during 1925 was 37. In 1924, 36 ; 1923, 26 ; 1922, 36 ; 1921, 39.

Thirty-seven deaths out of a population of 33,400 means that 0·9 out of every 1000 of the population die of Cancer.

Many deaths from Cancer can be prevented and cured. The important point to remember is that doctors do not get their cases early enough.

Addresses have been given every year on this subject, and leaflets distributed calling attention to the signs of early Cancer and the steps a patient should take.

One of the strong grounds for systematic medical inspection of the general population, on the lines of the School Medical Service is to be found in the danger of Cancer. Such medical inspection must include the apparently healthy as well as the sick.

Pathological Examinations.

Arrangements are in force for the examination of Bacteriological and Pathological specimens at the University of Manchester. A large number of Tuberculosis specimens are also examined by the County Tuberculosis Officer and by the Medical Officer of Health.

The following is the summary of the examinations made during 1925, by the University of Manchester. See also page 00 for examinations of milk.

BACTERIOLOGICAL EXAMINATIONS MADE DURING THE YEAR 1925 FOR THE URBAN DISTRICT OF SWINTON List A. AND PENDLEBURY.

MONTH.	Diphtheria.		Typhoid Fever.		Human Tuberculosis Sputum.		Bovine Tuberculosis Milk.	
	Total	+	Total	+	Total	+	Total	+
January	6	3	1	—	5	1	6	—
February	4	—	—	—	7	1	—	—
March	2	—	—	—	3	—	—	—
April	3	1	1	—	3	2	2	1
May	8	4	—	—	5	—	3	—
June	6	1	—	—	1	—	—	—
July	1	—	—	—	1	—	3	1
August	2	—	—	—	—	—	—	—
September	2	—	—	—	1	—	—	—
October	6	1	—	—	1	—	—	—
November	7	—	8	—	1	—	—	—
December	3	—	1	—	—	—	—	—
	50	10	11	—	28	4	14	2

VARIOUS INVESTIGATIONS.

	NATURE.	No. of samples.
List B.	Fæces and Urine	13
	Milk, Coli, etc.	32
	Tissue—Hist of	1
	Milk for Typhoid	1
		<hr/> 47
	Total No. of Specimens in List A	103
	Total No. of Specimens in List B	47
	Grand Total of Specimens received	<hr/> 150

Disinfection.

A steam disinfector is provided by the Council for the disinfection of clothing and personal effects of infectious cases treated at home.

A cleansing station is also provided.

Disinfection of premises is performed by the Sanitary Staff for Infectious disease, and on request by occupiers, where there is justification for it, on other grounds. See table 2, page 24.

The disinfection of clothing of patients removed to the isolation hospital, is done by the hospital authorities.

Notes on the County Tuberculosis Dispensary, by Dr. Jessel, Consultant Tuberculosis Officer.

The County Tuberculosis Dispensary in Station Road has been open daily for routine attendances of patients for dressings, etc., and for medical examinations on Monday afternoons at 2 p.m., and Wednesday mornings at 9-30 a.m. In addition, there is a dispensary session on the last Thursday in each month at 6-30 p.m. for the benefit of patients who are at work.

Statement shewing the treatment received during 1925, of patients suffering from Tuberculosis, who reside in the Sanitary District of Swinton and Pendlebury.

Number of cases—

	Adults.	Children	Total.
Admitted to Sanatoria	10	—	10
Admitted to Pulmonary Hospitals ..	22	1	23
Admitted to General Hospitals ..	2	7	9
Granted Skin Hospital treatment ..	8	2	10
Granted Dispensary Supervision or Dispensary Treatment	256	49	305
Under Supervision on the 31st De- cember, 1925	206	42	248
<hr/>			
Pulmonary	163	14	177
Non-Pulmonary	40	27	67
Combined	3	1	4
<hr/>			
	206	42	248
<hr/>			

Granted X Ray examination 31

NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED, AND NUMBER OF DEATHS FROM THESE DISEASES.
NUMBER OF CASES REMOVED TO HOSPITAL AND DEATHS IN HOSPITAL DURING THE YEAR 1925.

NOTIFIABLE DISEASE.	Number of cases notified.												Total cases Notified in each ward.					Total No. of cases rem'ed to hospital.	Total No. of deaths belong'g to the district.	Total Number of deaths in hos- pital.				
	At all ages.	ages in years.											1	Old Park	2	Moorside	Newt'wn				3	Market	4	East
		Under 1	1	2	3	4	ages in years.					65 and over.												
							1	2	3	4	5-10														10-15	15-20	20-35	35-45	45-65
*Scarlet Fever.....	72	2	5	4	8	38	9	2	3	1	14	1	..	15	15	5	15	12	10	30	..	1		
*Diphtheria	20	1	2	2	2	8	1	3	1	1	1	1	2	3	4	3	6	1	9	8	1	..		
Erysipelas	30	..	..	..	1	..	..	..	5	8	1	1	1	..	..	..	..	3	3	2	..	..
Enteric Fever	7	..	..	..	..	2	1	1	1	1	1	1	1	..	..	7	..	..	1	7	..	..
Puerp ral Fever	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	3	..	..	..	1	..	..
Encephalitis Lethargica	10	..	..	..	..	1	4	..	2	1	1	1	1	..	..	2	..	2	39	1	..	..
Primary Pneumonia	129	20	18	11	5	4	21	3	4	17	8	17	1	21	16	3	2	44	26	..	..	..
*Chicken-Pox	254	23	18	21	32	120	21	1	1	..	..	..	..	47	38	43	4	53	2	..	..	..
Pulmonary Tuberculosis ..	36	..	..	..	..	1	3	5	10	5	6	6	..	8	1	4	5	10	2	..	..	..
Non-Pu'monary Tuberculosis	24	..	..	2	1	5	6	6	4	..	..	..	..	3	5	1	3	6	6	..	..	..
TOTALS.....	577	44	40	36	33	47	196	48	22	42	24	40	5	104	84	74	83	136	96	48	56	17		

* No. of Cases of infectious disease, notified from the Children's Hospital, Pendlebury—Scarlet Fever 1, Diphtheria 5.

* No. of Cases removed to hospital by local authority—Diphtheria. 1.

* No. of Cases of infectious disease, notified from Swin' on Industrial Schools—Scarlet Fever, 5. Chicken Pox, 19.

TUBERCULOSIS—NEW CASES AND MORTALITY IN 1925.

AGE PERIOD.	NEW CASES.				DEATHS.			
	PULMONARY.		NON-PULMONARY.		PULMONARY.		NON-PULMONARY.	
	MALES.	FEMALES.	MALES.	FEMALES.	MALES.	FEMALES.	MALES.	FEMALES.
0-1	—	—	—	—	—	—	—	—
1-4	—	—	3	—	—	—	—	—
5-9	1	—	3	2	—	—	2	—
10-14 ..	2	1	4	2	—	—	1	—
15-19 ..	3	2	4	2	2	2	1	1
20-24 ..	3	2	3	—	—	1	1	—
25-34 ..	1	4	1	—	3	2	—	—
35-44 ..	4	1	—	—	—	1	—	—
45-54 ..	3	1	—	—	3	—	—	—
55-64 ..	2	—	—	—	2	2	—	—
65 & over ..	—	—	—	—	—	—	—	—
Totals ..	19	11	18	6	10	8	5	1

Tuberculosis.

Summary of cases on the Register at the end of 1925 :—

Pulmonary.		Non-Pulmonary.
------------	--	----------------

126 Males	83 Males
-----------	------	----------

113 Females	88 Females
-------------	------	------------

239 Total	171 Total
-----------	------	-----------

Pulmonary and Non-Pulmonary.

209 Males

201 Females

410 Total

Deaths from Tuberculosis in 1925	22
----------------------------------	-------	----

Cases not notified	2
--------------------	-------	---

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action has been taken in 1925, nor as far as has been ascertained has any action been necessary.

Public Health Act, 1925 : Section 62.

No action was taken by the Council under this section during 1925.

SANITARY ACCOMMODATION IN THE DISTRICT ON DECEMBER 31ST, 1925.

WARD.	No. of houses.	Number of fresh water Closets	Number of waste water Closets.	No. of privies.	No. of pails,	No. of bins.	Number of privy ashpits.		Number of dry ashpits.	
							double.	single.	double.	single.
MOORSIDE	1017	976	2	38	1	978	15	5	—	2
OLD PARK	1346	1333	5	5	2	1324	1	3	8	2
VICTORIA PARK	1491	1358	130	3	—	1380	1	4	51	1
NEWTOWN	1223	1214	5	5	—	1212	2	6	3	3
MARKET	1075	1054	8	7	5	1008	2	—	24	6
EAST	1037	1013	16	6	2	969	2	3	20	4
TOTALS	7189	6948	166	64	10*	6871	23	15	106	18

*Does not include the 70 pails at works.

MATERNITY AND CHILD WELFARE.

The Maternity and Child Welfare Scheme may be described under three heads :—

1. Health Visiting.
2. Consultation and treatment—Clinics and Hospitals.
3. Ante-Natal work.

1.—Health Visiting.

Two nurses give their whole time to the Maternity and Child Welfare work. Each child is visited when ten days old, *i.e.*, when the midwife has ceased attendance, and thereafter once each month until one year of age ; once every two months until 2 years of age, and so on up to 5 years of age. In actual practice it is often found impossible and often unnecessary to adhere to this routine. The nurse may visit at the request of the midwife before the baby is a week old. She may have to visit daily in cases of illness, and certain cases are referred from the consultation centre for daily or weekly supervision. Urgent cases are visited on request at any time. Cases attending the clinic may not require monthly visits if they are obviously doing well and hygiene is on right lines. Home visiting is also done by the nurses in infectious cases like Measles, Whooping Cough, Chicken Pox, etc., and to investigate still births, and infant deaths. A limited amount of minor treatment is given by them also, *e.g.*, enemata, strapping umbilical protrusions, eye drops, fomentations, etc.

2.—Consultation and Treatment.

Consultation clinics are held in the Council Offices on Wednesday, Thursday and Friday afternoons. Babies are weighed and supervised. The Medical Officer is in attendance on Wednesday and Thursday, but not on Friday. This day is an overflow day to prevent excessive crowding on the other two days. Babies up to 5 years of age attend these clinics, and tea is provided for mothers on Wednesday and Thursday. Only minor ailments are treated at these clinics.

Food Distribution.

At the Consultation Clinics, food is distributed. During 1925 the amounts were as follows :—

Dried milk free—2119 lbs.

Dried milk at cost price or under cost price—6193 lbs.

Cow's milk free—3741 pints.

Cod Liver Oil, Virol and Virolax are also given to selected cases on health grounds.

Ante-Natal Scheme.

The Ante-natal clinic meets twice monthly. Addresses have been given to the expectant mothers and midwives, and food for the necessitous has been granted. It is to be regretted that the women of our district do not yet realise their good fortune in having at their disposal the resources of this clinic. The same remark might be made of the midwives with few exceptions. Of course, if a patient wishes to consult her own doctor, and really intends to do so, she is encouraged to do it, and is not expected to attend the Ante-Natal clinic, but where the expectant mother does not intend to consult a private doctor, she is failing in her duty to herself, to her child, and to the public, when she neglects opportunities like these provided at the Ante-Natal clinic.

REPORT BY GYNAECOLOGIST.

In the beginning of the year the attendances at the clinic were comparatively poor, but at the end of the year as many as 12, 13 or 14 attendances at each clinic were customary. The midwives were invited to attend the clinic and an address was given to them in the early months of the year. Short talks on general and personal hygiene, diet and infant care were given to the mothers each week.

During the year 87 individual cases attended the clinic. Of these 2 turned out to be not pregnant.

Sixty-six cases resulted in normal labour. To these individual advice as to diet, and any minor disturbances of the pregnant period were given.

Nineteen cases presented or resulted in abnormalities :—

Breech Presentation	..	..	..	..	..	1
Miscarriages	..	..	..	..	..	2
Premature Births	..	..	..	..	..	2
Still Birth	..	..	..	..	..	1
Local Irritation	..	..	..	..	..	1
Sickness of pregnancy	..	..	..	..	..	2
Cardiac trouble	..	..	..	..	..	2
Dyspepsia	..	..	..	..	..	1
Instrumental deliveries	..	..	..	..	..	7

To these such advice as seemed advisable was given. Wherever there were indications they were referred to their own doctors, the midwives warned, or they were advised as to suitable institutions for help.

Home Helps.

The following scheme is in operation :—

Mothers desiring the assistance of Home Helps must make application early during pregnancy, to the Medical Officer of Health, or Health Visitor at the Infant Welfare centre.

All applications must be made on the form supplied at the Infant Welfare centre, and the information asked for must be given correctly.

In cases where the total income of the family falls below the scale fixed by the Council, the cost of the Home Help will be borne by the Council for 10 days.

The Home Help will be in attendance at the home from 8 am. to 5 p.m. daily for 10 days from the date of the confinement. Her duty will be to take the place of the mother and carry out all the household duties usually done by the mother.

No Home Help will be paid by the Council unless she has been previously approved by the Council. Home Helps desiring to have their names added to the Council's list of Home Helps, should apply to the Medical Officer at the clinic.

The Home will be visited during the period of confinement by the Health Visitor to ascertain that the Home Help is in attendance and carrying out her duties satisfactorily.

Before payment is made to a Home Help for her services, a certificate must be obtained from the Health Visitor that the duties have been carried out satisfactorily.

This schedule was issued to all the midwives in the district in June, 1925, so that they could advise their patients as they found necessary. A panel of suitable Home Helps has been sanctioned by the Council, and 8 applications were received during the year.

Treatment Clinics and Hospital Accommodation.

No treatment is given at the clinics unless not otherwise available in the district, or where necessity prevents the mother seeking such treatment as could be availed of. During the year 1925 the following treatment clinics were started by the M. & C.W. Committee in co-operation with the Education Committee.

1. Dental : for nursing and expectant mothers, and children up to age 5.
2. Aural : for children up to age 5.
3. Orthopædic : for children up to age 5.

(The Education Committee is responsible for children from 5 to 14 years of age.)

The three schemes are fully described in the report of the S.M.O. for 1925, page 30, q.v. But I wish to re-emphasise here that treatment of the school child is only patch work unless similar treatment is available for infants and children up to 5 years of age. In 1925, 21% of the school entrants, mostly aged 5, were in need of treatment. Most of the running ears and crippling diseases had arisen before school age. The true function of a M. and C.W. scheme in all its activities is prevention. Such a scheme forms the true basis of Public Health, and greater emphasis and more sustained effort must be given to the mother and to the child in order to effect economy on other services, and to build up a fit race.

It will be noted that Consultants attend the Aural and Orthopædic clinics. The Aural Clinic meets once a fortnight, and the Orthopædic once a month. In the interval between the session, the massage and electrical clinic meets twice a week with the senior masseuse from Gartside Street in attendance. The nurses carry out the treatment of ears as often as directed by the Aurist.

Hospital treatment is available for orthopædic cases; splinting, plastering, etc., are mostly done at the Clinic.

Hospital Accommodation Available.

1. FOR INFECTIOUS CASES by arrangement with Salford County Borough at Ladywell Sanatorium.
2. FOR ORTHOPÆDIC CASES at the Royal Manchester Children's Hospital, Pendlebury.
3. FOR RICKETS AND WASTING DISEASES. One cot is maintained in the Babies' Hospital, Levenshulme. The following cases were treated in 1925 :—
 - G.J. Rickets—discharged ; improved.
 - H.S. Rickets—discharged ; improved.
 - H.L. Meningitis—died.
 - J.S. Malnutrition—discharged ; improved.
 - A.C. Congenital defect—discharged ; improved.
 - N.B. Prematurity—still in hospital.

4. PUERPERAL FEVER.

An agreement was made during the year for the admission of these cases to Monsall Fever Hospital (City of Manchester).

5. GENERAL HOSPITAL PROVISION.

See page 11, 12 and 13.

THE DENTAL CLINIC

Only began to function in November, 1925, and no statistics of much value can be given yet. See School Medical Report, 1925, pages 19 and 20.

THE AURAL CLINIC

Began in March, 1925, and 4 cases have received treatment.

OPHTHALMIC CLINIC

Eleven cases treated.

The following is a summary of the orthopaedic treatment of children up to age 5.

ORTHOPAEDIC CLINIC.

Children admitted to hospital:—

Infantile Paralysis	1
Talipes	1
Rickets	1
Hemiplegia	2
Congenital Deformity	1
Awaiting Hospital treatment	4
X Ray examinations	1
Splints and appliances supplied	7
No. of sessions during the year 1925	50
No. of attendances, Masseuse	50
No. of attendances Orthopaedic Surgeon	7

First Clinic held June 26th, 1925.

DISEASE.	Children exmd. by Mr. Ollerenshaw. Under 5.	No. of treatments by Masseuse Under 5.	Total Attendances.	No. of indiv- idual children treated. Under 5.
Infantile Paralysis ..	5	15	20	3
Congenital Talipes ..	12	19	31	2
Hemiplegia	9	32	41	3
Rickets	20	67	87	8
Birth Paralysis	5	33	38	4
Congenital Deformity .	2	—	2	2
Athetosis	2	—	2	1
Genu Valgum	1	—	1	1
Various	12	24	36	5
Total	68	190	258	29

See also School Medical Officer's Report, 1925, page 31.

Incidence of Disease in Mothers and Children.

(a) Puerperal Fever.

One case of this disease was notified during the year. The patient had been ill for some time previous to the confinement and was thought to be eclamptic. She was removed to hospital and made a complete recovery.

Arrangements are now in force for the reception of these cases to Monsall Hospital.

Two cases arose in 1924 and terminated fatally.

(b) Ophthalmia Neonatorum.

There were no cases in 1925, none in 1924, four in 1923, two in 1922 and one in 1921.

This disease is largely under the control of the midwives, and the absence of cases in the last 2 years reflects credit upon them. Prophylactic solutions are given from the Ante-Natal clinic to such midwives as have qualified to use the same, by attendance at the lectures and demonstrations.

(c) Measles,^s Etc.

The incidence of Measles and Whooping Cough during the year was much less than in 1924, when a special nurse had to be appointed to deal with the severe epidemics raging in the first quarter of the year.

The following cases were visited by the Health Visitors during the year 1925.

Measles and German Measles	..	..	..	42
Whooping Cough	..	..	..	75
Diarrhoea (any degree of)	..	..	..	58
Chicken Pox	..	..	..	74
Pneumonia and Bronchitis	..	..	..	243
Influenza	..	..	..	24

Many of the ^{few} diseases above enumerated were very mild, but experience teaches that their early discovery and following up by the Health Visitors, lessens both the severity and the number of cases.

INFANT MORTALITY IN 1925.

An analysis of the Infant deaths is given on page 58. These are the children under one year of age whose deaths were registered locally. It will be seen that 37 deaths occurred, as compared with 60 in the previous year. More than one half of those recorded died under four weeks of age. The first month, therefore, of a child's life in this district is more critical than the remaining eleven months taken together. This accords with the findings in previous years :

Congenital defects, Premature birth, Atrophy, Debility, and Marasmus are the most common causes of Infant deaths, and these causes can only be combated by an improved supervision and care of the expectant mother. It is not only that a premature baby starts life heavily handicapped through its prematurity, but that it demands greater care and nursing than is available in the majority of the homes.

Pneumonia and chest diseases accounted for 10 of the 37 deaths. Infectious chest diseases claim the same proportion of victims each year. They were much less prevalent in 1925 than in 1924, and so there were fewer deaths from these causes—11 as compared with 25 in 1924. For this happy result credit is not due to the staff nor to the parents. There was a smaller incidence and less severe type of infection present. There were fewer cases and fewer deaths accordingly, and I am of opinion that when in due course other epidemics come, as come they do fairly regularly in this district, there will again be a large increase in the number of deaths from these causes. It is easy to take shelter under the explanation that (1) Housing is bad ; (2) Epidemics are present ; (3) Atmosphere is polluted ; (4) There is an absence of sunshine, etc., but whilst admitting these as factors in the incidence of chest diseases we must acknowledge that in spite of them, infectious chest diseases can be prevented, and that there is no apparent realization of the need for this prevention amongst the general public. Measles, Whooping Cough, Influenza and Colds are spread about from child to child in a most open and criminal manner, and they cannot help spreading over the district. In the majority of cases parents are alone responsible for the spreading of above diseases.

There was one death from diarrhœa as compared with 7 in 1924. This disease is usually accepted as an index of sanitation, but is more usually an index of mothercraft.

Generally speaking the Infant Mortality shews a marked improvement on 1924. The most important comparisons are as follows :—

Deaths from—	1925.	1924.
Measles	Nil	2
Whooping Cough ..	1	4
Convulsions	2	4
Bronchitis and		
Pneumonia	10	18
Diarrhœa	1	7
Cong. Debility,		
Atrophy and Pre-		
mature Birth ..	12	13

The improvement is, therefore, in those conditions due to after birth influences. There is no improvement manifested in the ante-natal causes of infant deaths. It will be remembered that 1924 was a very serious year on account of infection, but such years will come again, and unless a change occurs, in our outlook upon common diseases, like colds and Measles, then we shall have the same unfortunate results to record as we had in 1924.

The following is the Infant Mortality for a series of years :—

1914	..	..	..	..	..	142·6
1915	..	..	..	..	..	153·7
1916	..	..	..	..	..	116·7
1917	..	..	..	..	..	126·8
1918	..	..	..	..	..	102·8
1919	..	..	..	..	..	98·1
1920	..	..	..	..	..	103·5
1921	..	..	..	..	..	75
1922	..	..	..	..	..	76
1923	..	..	..	..	..	104
1924	..	..	..	..	..	121
1925	..	..	..	..	..	72

Infant Mortality, England and Wales, 1925 75

Work of Health Visitors.

The question is frequently asked : “ What do the Health Visitors do ? ” The answer is a simple one. They teach : their primary and fundamental duty is to educate, and the time has arrived when this duty must take precedence of other duties and be more and more emphasised. Maternity and Child Welfare schemes aim not at curing sick babies. Their aim is to keep babies healthy and the greatest bar to this is not insanitation but public ignorance. Therefore, Health Visitors must teach, not by addresses to mothers chiefly, but by individual talks to parents, by reasoning and explanation and argument. For this they must be fully equipped with the latest knowledge, and have the ability and tact to convey the message to the apathetic, the doubting, the careless, as well as to those willing to profit by instruction. A wide knowledge of hygiene is not more essential than a wide knowledge of humanity and endless perseverance ; enthusiasm and tact are even more necessary.

It is not every mother who wants to bring her children to a Baby Centre, and home visiting is the only means for securing trained supervision over many babies. Visits paid by Health Visitors when the midwife ceases attendance on a baby, ensures the needed supervision and removes anxieties from many mothers.

A statistical summary of the work performed by the Health Visitors during 1925 is appended, as well as the attendance at the Baby Clinics. It will be noted that the attendance of toddlers at the Clinics is very satisfactory.

INFANT MORTALITY LOCALLY REGISTERED.

Nett Deaths from Stated Causes at Various Ages under 1 Year of Age,

Ward Distribution.

Causes of Death.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year	Victoria Park Ward.	Old Park Ward.	Moorside Ward.	Newtown Ward.	Market Ward.	East Ward.
											—	—	—	—	—	—
Whooping Cough.....	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Convulsions	—	—	—	—	—	—	1	1	—	2	2	—	—	—	—	—
Injury at Birth.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—
Pneumonia (all forms)	—	—	—	—	—	—	1	3	5	9	1	—	—	—	3	5
Diarrhoea and Enteritis	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—
Gastritis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	1	—	—	—	1	—	—	—	—	1	—	—	1	—	—	—
Premature Birth	7	1	—	—	8	1	—	—	—	9	2	2	—	1	3	1
Atrophy, Debility and Marasmus	—	—	—	1	1	1	1	—	—	3	—	1	—	—	—	2
Other Causes.....	8	1	—	—	9	—	1	—	—	10	—	2	1	3	4	—
Totals.....	16	2	—	1	19	4	4	4	6	37	6	6	2	4	10	9

WORK PERFORMED BY THE HEALTH VISITORS.

(a) Visits paid to homes, a fortnight after notification of birth	470
Subsequent visits to above houses during the year ..	3506
Visits to children, 1-5	4931
„ paid to expectant mothers	268
„ „ to cases of Pneumonia and Bronchitis in children	281
„ „ to Influenza in children	31
„ „ to cases of Measles in children	53
„ „ to cases of Chicken Pox in children	80
„ „ to cases of Whooping Cough in children	101
„ „ to cases of Poliomyelitis in children	1
„ „ to investigate deaths and still-births	50
(b) Special visits for treatment	617

Attendance at the clinic.	1921.	1922.	1923.	1924.	1925.
Infants under 12 months of age	4627	8759	8356	6628	7090
Children aged 1-5	2513	3226	3407	4132	4160
New cases	346	825	410	500	468

Voluntary help in connection with Maternity & Child Welfare.

It would be impossible with the existing staff to cope with the work at the clinics were it not for the help given by the ladies who have attended so regularly for making tea, weighing babies, keeping records, marking registers and similar duties. They also gave very valued help during Health and Baby Week. The work performed by them is a very necessary part of the Maternity Scheme, although not always either interesting or pleasant. It is not uncommon for parents to express their appreciation of the services of the voluntary helpers, whose interest in the work and in the children contributes not a little to their happiness and comfort. Mention may be made here of the help given at the Massage Clinic. It is encouraging to note the increasing interest of the public, both lay and professional, in the health of children.

International Congress on Child Welfare at Geneva, 1925.

The Medical Officer of Health was appointed by the Council to attend this Conference as a delegate.

Three sections of the Congress held sessions simultaneously.

- (1) On Hygiene and Medicine.
- (2) On Social Welfare and Administration.
- (3) On Education and Propaganda.

and opportunities were given to inspect various social and health organisations in the neighbourhood.

The following is an extract of the Resolutions passed by Section 1.

1. There should be a wide extension of general instruction in puericulture, and all that relates to the hygiene of children and adolescents. Such instruction should be given to all classes and to persons of all ages.
2. The normal development of the child can only take place under the care of its mother. The aim of Child Welfare work is to keep the child at home and encourage breast feeding. Every nursing mother should be in such a position as to make her feed her own child.
3. Public Authorities should ensure a sufficient supply of milk for infants.
4. Breast feeding is the only proper method of feeding infants.
5. Alcohol is especially dangerous to children.
6. Public Authorities should give wider publicity to cookery and diets for children.
7. Open Air Schools and sunshine treatment is recommended for healthy as well as ailing children.
8. Steps should be taken to ensure early detection, treatment and education of crippled children.
9. Education Authorities should see that no child was underfed.

The sessions were full of interest and instruction. 500 delegates attended.

Meteorology.

A full year's work has been recorded at the Meteorological Station, Victoria Park.

The Station was visited on May 22nd, 1925, by an Inspector from the Meteorological Office. The Meteorologic Office reported on June 17th, as follows :—

“The Inspector was very favourably impressed by what he saw at your station.”

The outstanding features of 1925 were the drought and brilliant weather of June, and the cold spell which lasted with little intermission from November 8th to December 26th.

With the exception of June, the summer was a disappointing one. Other noteworthy features were the two short hot spells in July between the 11th and 14th and between the 21st and 25th, the dryness of March and the wet weather of February and May.

The warmest day in the year was July 22nd (89°).

The warmest night in the year was July 23rd (65°).

The coldest day in the year was November 20th (30°).

The coldest night in the year was November 14th, (21°).

Total Annual Rainfall, 1925—37·37 inches.

The highest day's rainfall was May 19th—1·45 inches.

Items recorded.

169 days of precipitation.

149 days of precipitation, 0·04" or more.

28 days in which snow was recorded.

22 Thunder storms were recorded.

71 fogs were recorded.

99 ground frosts were recorded.

9 gales were recorded.

25% of available sunshine recorded.

EXTRACTS FROM METEOROLOGICAL OBSERVATIONS TAKEN AT THE COUNCIL OFFICES, 1925.

Observer: THE M.O.H. Deputy Observer: MR. G. E. TAYLOR, Sanitary Inspector.

	Temperature.			Lowest Grass Min.	Rainfall.			Fog Times Recorded	Ground Frost Times Recorded.	Sunshine.	
	Highest Max.	Lowest Max.	Lowest Min.		No. of Inches.	Greatest fall in 1 day.	No. of days Rain fell.			No. of Hours.	No. of days sun Recorded.
January ..	54°	40°	26°	23°	2·124	0·39"	14	8	12	21·9	12
February ..	55°	39°	26°	24°	5·67	1·00"	22	7	12	29·9	16
March . . .	52°	41°	26°	21°	1·306	0·40"	10	7	14	70·3	23
April . . .	61°	47°	31°	25°	2·13	0·40"	15	2	7	117·2	26
May . . .	72°	50°	34°	25°	5·875	1·45"	20	Nil	3	97·91	31
June . . .	83°	59°	41°	33°	0·01	0·01"	1	Nil	Nil	242·0	30
July . . .	89°	61°	48°	41°	2·33	0·57"	8	Nil	Nil	154·75	31
August ..	72°	62°	47°	37°	3·81	0·91"	18	1	Nil	111·4	28
September ..	68°	53°	39°	30°	4·16	0·69"	22	4	1	124·1	28
October ..	64°	49°	32°	24°	4·48	0·86"	17	10	7	55·0	21
November ..	57°	30°	21°	15°	3·07	0·85"	11	17	22	47·8	18
December ..	56°	32°	23°	16°	2·41	0·50"	19	13	23	12·7	10

HOUSING.

At the Census in June, 1921, there were :—

121 habitable dwellings in course of erection (June 29th).

289 completed houses not containing dwellings.

6,666 completed houses containing dwellings.

111 houses vacant on census night.

6,860 private families.

The number of houses completed in—

1921 was 36 (34 Council Houses).

1922 „ 174 (171 Council Houses).

1923 „ 60 (25 Council Houses).

1924 „ 114

1925 „ 97

Nature of Housing, December, 1925 :—

1—3 rooms 1194

4—5 „ 5095

6—8 „ 806

9 „ 94

Extent of Shortage of Housing and Overcrowding.

There was in 1921 a deficiency on the basis of E. and W. standard of 2817 rooms.

3165 (2344 in 1911) lived more than 2 persons in one room.

40 families of 3 or more persons occupied 1 room.

56 „ 5 „ „ „ 2 rooms

188 „ 7 „ „ „ 3 „

96 „ 9 „ „ „ 4 „

15 „ 11 „ „ „ 5 „

1 „ 13 „ „ „ 6—7 „

1 „ 15 + „ „ „ 6—7 „

Some of the severe cases of overcrowding were due to one single large family in one small house.

Overcrowding.

Fifty-one cases of gross overcrowding were reported at intervals throughout the year to the Council.

Examples of the worst cases are as follows :—

Case 4. 2 bedrooms and one attic containing 2 adults and 11 children.

2 living rooms.

Case 15. 2 bedrooms—2 adults and 13 children.

2 living rooms.

Case 28. 2 bedrooms (1) 2 adults and 2 children.

2 living rooms (2) 4 adults and 4 children (lodgers).

- Case 35. 2 bedrooms—2 adults, 10 children.
2 living rooms.
- Case 45. 2 bedrooms (1) 2 adults, 5 children.
2 living rooms (2) 2 adults, 3 children.
- Case 51. 3 bedrooms—14 persons. The details of this case
1 living room are as follows :—

Sleeping downstairs—1 woman.

Back bedroom—man aged 23, a Tubercular patient.

Second bedroom—lodger with his wife and daughters, aged 11, 9, 8, 5, 1 and 5/12 years and a son aged 3.

Third bedroom—sons aged 17, 16 and 14.

At the Census 1921, 397 families were lodging in a state of overcrowding (3,165 persons), and there was a deficiency of rooms according to the England and Wales standard of 2,817 (see also page 63).

The causes of overcrowding may be summarised in the statement that between 1911 and 1921, houses increased by 4·3% and families by 7·6%.

Towards the relief of overcrowding the Council has built 230 houses since 1921, under the "Addison" scheme, and 208 houses have been erected by private enterprise under the subsidy scheme. Negotiations are in progress for the purchase of land for further housing (Home Farm estate, 16½ acres, and Beech Farm estate, 63 acres).

481 houses have been built between 1921 and December, 1925.

The population has increased in the same time by 2,484.

Extent of Shortage of Houses.

There are approximately 400 families living in a state of overcrowding (Census 1921). If the unsatisfied demand was based on one house one family standard, it would be as follows :—

Market Ward	..	..	..	116
East Ward	..	..	..	67
Newtown Ward	..	..	..	45
Old Park Ward	..	..	..	36
Moorside Ward	..	..	..	22
Victoria Park Ward	..	..	..	30
Total	..	..	..	316

The houses built between 1921–1925 have done little beyond meeting the needs of the increased population.

The housing needs would appear to be about—

(1) Unsatisfied demand	..	..	..	300
(2) Rehouse dispossessed in areas	..	..	..	274
(3) Rehouse dispossessed in dwellings	..	..	..	29
(4) Replace obstructive dwellings	..	..	..	22
Total	..	..	..	625

Fitness of Houses.

All the houses in the district have been classified into five groups at the end of 1925 :—

Grade 1.	Obstructive dwellings	26
Grade 2.	Unfit for human habitation and cannot be made fit	27
Grade 3.	Unfit but capable of repair	3021
Grade 4.	Fit, or requiring only small repairs ..	3841
Grade 5.	Unhealthy areas	274

Character of defects found in unfit houses

Grade 1.—Obstructive dwellings.

26 houses.

75 persons.

The majority of these houses are only fit for demolition. Back to back houses or houses which by reason of proximity to or contact with other buildings, cause defective light and ventilation or otherwise render the houses unfit for habitation, etc.

Grade 2.—Unfit houses that cannot be made fit.

27 houses.

120 persons.

Houses so defective structurally that they are incapable without reconstruction of being made habitable. These houses will need to be demolished.

Grade 3.

3021 houses.

Common Defects found in unfit houses capable of repair.

1. YARDS. Paving broken or defective, causing pools of water to accumulate.
2. ROOFS. Slates loose or broken or missing, flashings defective ; eaves gutters and rain water pipes defective, broken or missing.
3. WALLS. Cracked, bulged, inclined from the vertical so as to constitute a danger ; defective pointing, dampness, perished plaster, wall papers torn and dirty, no decoration having been done for 10–15 years.
4. CEILINGS. Plaster loose, bulging, damp, defective, patchy and dirty.
5. FLOORS. Cracked and broken, or open jointed, causing dampness.
6. STAIRS. Broken treads, want of handrails, etc.

7. WINDOWS. Fixed and perished frames, broken cords and window fasteners, etc.
8. DOORS. Hinges and fasteners broken, doors broken or not closing properly.
9. CUPBOARDS. Insufficient.
10. GRATES. Stoves, ranges, washboilers, broken or otherwise defective. Smoky and defective flues.

Many of the houses in this category present defects in all the ten groups, and as mentioned elsewhere, even when rendered fit, a period of 5 years is often sufficient for the same house to need repairs again.

Speaking broadly 500 houses become unfit each year. To render the number fit again a whole-time inspector finds as much work as he can cope with. For instance, one inspector in 1925, inspected 604 houses and 330 houses were rendered fit in consequence.

Many owners in the execution of repairs start such repairs merely because driven to do so by the Council. Such owners not unfrequently delay the completion of the repairs as long as they possibly can, others do the work at the least expense to themselves, having no thought of the comfort or convenience of the tenant, whilst still others are determined to comply with the legal requirements, and not one thing else.

There are other owners, however, who exhibit care for the welfare of the tenants, and who do all they possibly can to facilitate the work of the Council's officials, and such owners do not always reap the expected benefit. Tenants are not always clean, and repaired houses are not always looked after. Destruction of plaster by nails being driven in to hold up pictures, and arrears of rent do not encourage the sympathy of the landlord.

Grade 5. Unhealthy Areas.

The following unhealthy areas are in the district :—

(a) Newtown Area	..	81 houses	416 persons
(b) Croft Area	.. ..	98 ..	501 ..
(c) Gate Street	.. ..	31 ..	151 ..
(d) Victoria Street	..	13 ..	64 ..
(e) Union Street	..	30 ..	178 ..
(f) Back Oak Street	..	9 ..	52 ..
(g) Hopwood Street	..	6 ..	29 ..
(h) Pennington Fold	..	6 ..	37 ..
<hr/>			
Total	.. ..	274 ..	1428 ..

Areas A and B have been represented to the Council. A considerable amount of work has been done on the other smaller areas which, although improved, are still to be considered unhealthy areas, and liable to be dealt with as such.

Defects found in unhealthy areas.

(274 houses—1428 persons).

Probably Potter's Square is about the most defective. There are no back doors, no yards, no slop sinks. The ceilings are low. There is no damp proof course. The walls, floors, ceilings, etc., are defective structurally. The sanitary arrangements are privy middens of the worst type.

General action taken as regards unfit houses.

- (1) One group of back to back houses has had new ventilation provided, and the houses have been repaired and made habitable pending the time when through ventilation can be provided by turning two houses into one.
- (2) The unhealthy areas are continually being repaired, and as constantly developing new defects. An Inspector could spend most of his time in securing the remedy of urgent defects in these houses. No work short of demolition and reconstruction would render these houses fit for habitation, but unfortunately, there is no alternative accommodation and the inhabitants must live somewhere.
- (3) Grade 3 houses, which are unfit but capable of repair, amount to 3021 houses. The types of defect common have been already given. It has to be remembered that houses in any group do not stand still, they deteriorate unless attended to, and in this district it is estimated that 500 houses become unfit on account of defects each year. The need for housing work is therefore insistent, and one inspector has given all his time to work under the Housing Acts, and another so much of his time as could be spared from other duties, to measures under the Public Health Acts. Routine house-to-house inspections are made for defects. In 1925, 979 houses were inspected, of which 604 were inspected under the Housing Acts. 440 were not reasonably fit for habitation. A table is appended giving the details of the work done between 1921 and 1925. The number of houses rendered fit has increased each year, and the year 1925 is the best on record.

The results must be gratifying to the Council and to the general population. Although the general standard of housing is higher in 1925 than it was in 1921, the large number of unfit houses still remaining undealt with must be borne in mind when it will be obvious that housing work must be pushed to the utmost the district will stand.

There is one aspect which I hope on account of the lessened work to be done on privy conversion, will become more routine and systematic in the future. I have already referred to it, *e.g.*, the need for re-inspection of houses which have been rendered fit, to prevent careless damage to them. Many require visiting once a month. It is obviously not fair to a landlord that after spending money on houses, he should be compelled to do the same work over again inside two years, as I have known in certain cases.

Tents, Vans and Sheds.

There are 15 caravans and two wooden sheds in the district occupied.

- (a) Off North Dean Street—3 vans.
- (b) Off Bold Street—one hut on wheels.
- (c) Off New Street—one wooden shed.
- (d) Nelson Fold—three vans, one wooden shed.
- (e) Market Ground, Pendlebury—2 vans.
- (f) Yard of 342, Bolton Road—3 vans.
- (g) Lightbourne Green—1 van.
- (h) Off Rutland Street, Swinton—1 van.
- (i) In a field at rear of Public Gardens, Swinton—1 van.

The water supply and sanitary arrangements are those of neighbouring houses. The vans, etc., are kept in a reasonable state of sanitation and there is no overcrowding.

Some of the vans move from time to time and may be found now in one plot of spare land, and again in another.

Byelaws.

HOUSES LET IN LODGINGS.—None.

TENTS, VANS, SHEDS.—None.

NEW STREETS AND BUILDINGS.—New byelaws have been drafted and submitted to the Ministry of Health for approval.

SUMMARY OF WORK DONE UNDER HOUSING AND TOWN PLANNING ACTS DURING THE 12 MONTHS ENDING DECEMBER 26th, 1925.

WARD.	Number of Houses Inspected	Number found reasonably fit for habitation.	Number of Statutory Notices served	Number of Houses where defects have been remedied according to notice.	Number of Houses for which Specifications have been drawn up.	No. of Houses closed,	No. of Houses demolished.	Number of Houses in Ward, December, 1925.
VICTORIA PARK..	57	1	3	—	—	4	—	1491
OLD PARK	22	—	4	21	7	—	2	1346
MOORSIDE ..	28	5	5	6	—	—	1	1017
MARKET	161	38	37	48	—	—	—	1075
NEWTOWN	13	—	48	191	—	—	—	1223
EAST	323	120	80	64	8	—	—	1037
TOTALS ..	604	164	177	330	15	4	3	7189

TOTAL NUMBER OF INSPECTIONS AND RE-INSPECTIONS. .. 4213.

SUMMARY OF WORK DONE UNDER HOUSING AND TOWN PLANNING ACTS DURING
THE YEARS 1921, 2, 3, 4 and 5.

Year.	Number of Houses Inspected.	Number found reasonably fit for habitation.	Number of Statutory Notices served.	Number of Houses where defects have been remedied according to Notice.	Number of Houses for which Specifications have been drawn up.	Number of Houses closed.	Number of Houses demolished.	Number of Inspections and Re-Inspections.	No. of Houses inspected under Housing (Inspection of District Regulations) Notices served under Public Health Act.
1921	213	6	97	179	27	Nil	Nil	3645	671
1922	251	10	156	172	38	Nil	Nil	3881	385
1923	416	121	63	227	25	Nil	Nil	4404	330
1924	716	160	287	324	50	3	Nil	4224	331
1925	604	164	177	330	15	4	3	4213	265
TOTALS for 5 Years.	2200	461	780	1232	155	7	3	20,367	1982

HOUSING STATISTICS FOR THE YEAR 1925.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b) 97

(b) With State assistance under the Housing Acts :—

(i.) By the Local Authority Nil

(ii.) By other bodies or persons 95

Number of houses in course of erection under Council's
building scheme Nil

UNFIT DWELLING-HOUSES.

Inspection.

(1) Total number of dwelling-houses inspected for
housing defects (under Public Health or Hous-
ing Acts 979

(2) Number of dwelling-houses which were inspected
and recorded under the Housing (Inspection of
District) Regulations, 1919, or the Housing
Consolidation Regulations, 1925 604

(3) Number of dwelling-houses found to be in a state so
dangerous or injurious to health as to be unfit for
human habitation 7

(4) Number of dwelling-houses (exclusive of those
referred to under (3) found not to be in all
respects reasonably fit for human habitation .. 440

Remedy of Defects without service of formal notices.

*Number of defective dwelling-houses rendered fit in
consequence of informal action by the Local
Authority or their Officers 463

Action under Statutory powers.

A.—Proceedings under Section 3 of the Housing Act,
1925.

(1) Number of dwelling-houses in respect of which
notices were served requiring repairs 177

(2) Number of dwelling-houses which were rendered fit
after service of formal notices :—

(a) By owners 162

(b) By Local Authority in default of owners.. 15

(3) Number of dwelling-houses in respect of which
Closing Orders became operative in pursuance of
declarations by owners of intention to close .. 3

B.—Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which
notices were served requiring defects to be
remedied 6

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

- (a) By owners 6
 (b) By Local Authority in default of owners.. Nil

* Refers only to action taken in reference to housing defects. Notices with regard to drainage and other defects are included under Sanitary Inspections.

C.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

- (1) Number of representations made with a view to the making of Closing Orders 4
 (2) Number of dwelling-houses in respect of which Closing Orders were made 4
 (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit.. .. . Nil
 (4) Number of dwelling-houses in respect of which Demolition Orders were made Nil
 (5) Number of dwelling-houses demolished in pursuance of Demolition Orders.. .. . Nil

D.—Number of houses demolished voluntarily by owners, or converted to workshops, &c. 3

The diagram on page 76 should be studied for a pictorial impression of the Housing work done in the district during the last five years.

FACTORIES AND WORKSHOPS ACT, 1901.

WORKSHOPS, WORKPLACES, AND HOME-WORK, 1925.

1.—*Inspection of Factories, Workshops, and Workplaces.*

Premises.	Number of Inspections	Written Notices.	Prosecut'ns
Factories (including Factory Laundries)	15	1	—
Workshops (including Workshop Laundries)	69	3	—
Workplaces (other than outworkers' premises	128	7	
Total	212	11	—

2.—*Defects Found in Factories, Workshops, and Workplaces.*
(Nuisances under the Public Health Act).

Particulars.	Defects Found.	Defects Remedied.	Pr'secut'ns
Want of Cleanliness and Limewashing	11	9	—
Sanitary Accommodation	insufficient ..	—	—
	unsuitable or defective	—	—
	not separate for	—	—
	sexes	—	—
Other Defects	—	—	—
Insufficient means of escape in case of Fire	—	—	—
Total	11	9	—

3.—*Homework—1925.*

Nature of Work.	Outworkers' Lists.					
	Sending twice in the year			Sending once in the year.		
	Lists.	Outworkers.		Lists.	Outworkers.	
		Con-tractors.	Work-men.		Con-tractors.	Work-men.
Wearing Apparel, making	2	—	2	—	—	—
Umbrellas, etc.	—	—	—	—	—	—
Furniture	2	—	1	—	—	—
Total	4	—	3	—	—	—

4.—*Registered Workshops.*

Important Classes of Workshops on the Register at the end of the year 1925.	No.
Bakehouses	47
Ice Cream Manufacturers	28
Fish and Chip Potato Fryers	38
Boot, Shoe, and Clog Repairing	25
Dressmaking, Millinery, and Tailors	12
Metal Workers, Tinsplate Workers, and Whitesmiths	9
Manufacturers of Mineral Waters	5
Laundries	3
Offensive Trades	2
Total Number of Workshops on Register	169

5.—*Other Matters.*

Class.	Number.
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Acts, 1901	Notified by H.M. Inspector 1
	Reports of action taken sent to H.M. Inspector on Completion 1
Underground Bakehouses :—	
Certificates granted during the year	4
In use at the end of the year	4

REGISTRAR GENERAL'S TABLE.

CAUSES OF DEATH IN SWINTON AND PENDLEBURY, 1925.

Causes of Death.							Males.	Females.
All Causes							173	172
1	Enteric fever						—	—
2	Small-pox						—	—
3	Measles						—	2
4	Scarlet fever						—	—
5	Whooping cough						1	1
6	Diphtheria						—	1
7	Influenza						5	6
8	Encephalitis lethargica						2	1
9	Meningococcal meningitis						—	—
10	Tuberculosis of respiratory system.. .. .						6	9
11	Other Tuberculosis diseases						6	1
12	Cancer, malignant disease						14	23
13	Rheumatic fever						1	1
14	Diabetes						—	2
15	Cerebral Haemorrhage, &c... .. .						14	11
16	Heart Disease						16	19
17	Arterio-sclerosis						8	6
18	Bronchitis						21	18
19	Pneumonia (all forms)						18	12
20	Other respiratory diseases						2	3
21	Ulcer of Stomach or duodenum						1	1
22	Diarrhoea, &c. (under 2 years)						2	1
23	Appendicitis and typhlitis						1	1
24	Cirrhosis of liver						—	1
25	Acute and Chronic Nephritis						5	5
26	Puerperal Sepsis.. .. .						—	—
27	Other accidents and diseases of pregnancy and parturition						—	3
28	Congenital Debility and malformation, premature birth						10	8
29	Suicide						3	1
30	Other deaths from violence						8	4
31	Other defined diseases						29	31
32	Causes ill-defined or unknown						—	—
Special Causes (included above)—								
	Polioomyelitis.. .. .						—	—
	Polioencephalitis						—	—
Deaths of infants under one year of age							19	17
Illegitimate							—	—
TOTAL BIRTHS							250	244
Legitimate							246	242
Illegitimate							4	2
POPULATION —33,400								

General Register Office, Somerset House, London, W.C.2.
March, 1926.

CHART: shewing details of work carried out in Dwelling Houses —
also estimated cost — under the Housing Acts and Regulations
— during the Years 1921 to 1925.

[illegible]

